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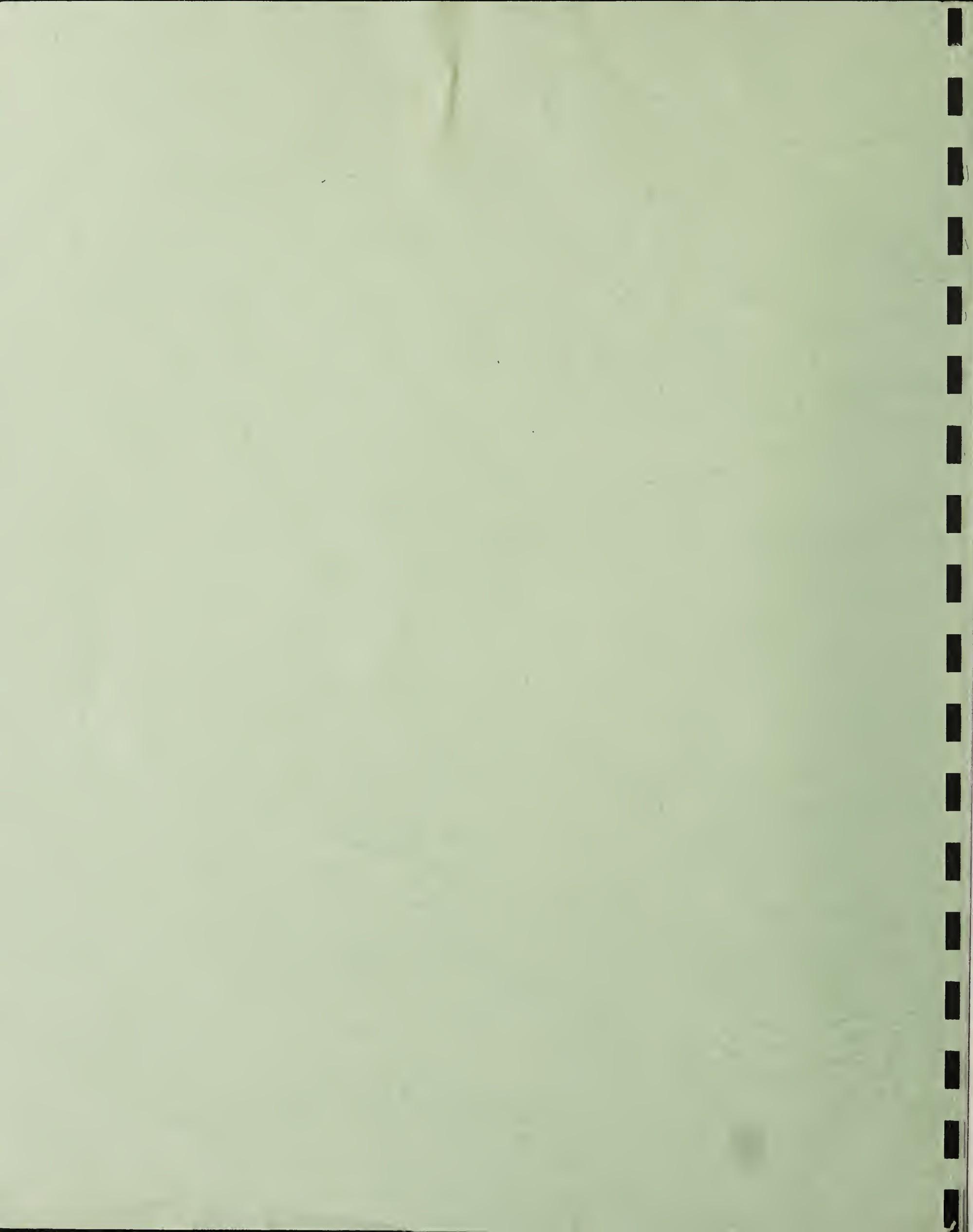
**URBAN DISTRICT  
COUNCIL OF MALTBY**



ANNUAL REPORT  
of the  
MEDICAL OFFICER  
OF HEALTH

1969





M A L T B Y   U R B A N   D I S T R I C T   C O U N C I L

MEMBERS OF THE PUBLIC HEALTH COMMITTEE

CHAIRMAN:

Councillor T. W. McLean

VICE-CHAIRMAN:

Councillor R. Tose

COUNCILLORS:

J. E. Beresford  
Mrs. L. Donald  
P. Drabble  
A. H. Draper  
C. Edge  
R. H. Finney  
F. Jerram C.C.  
J. Layden J.P.

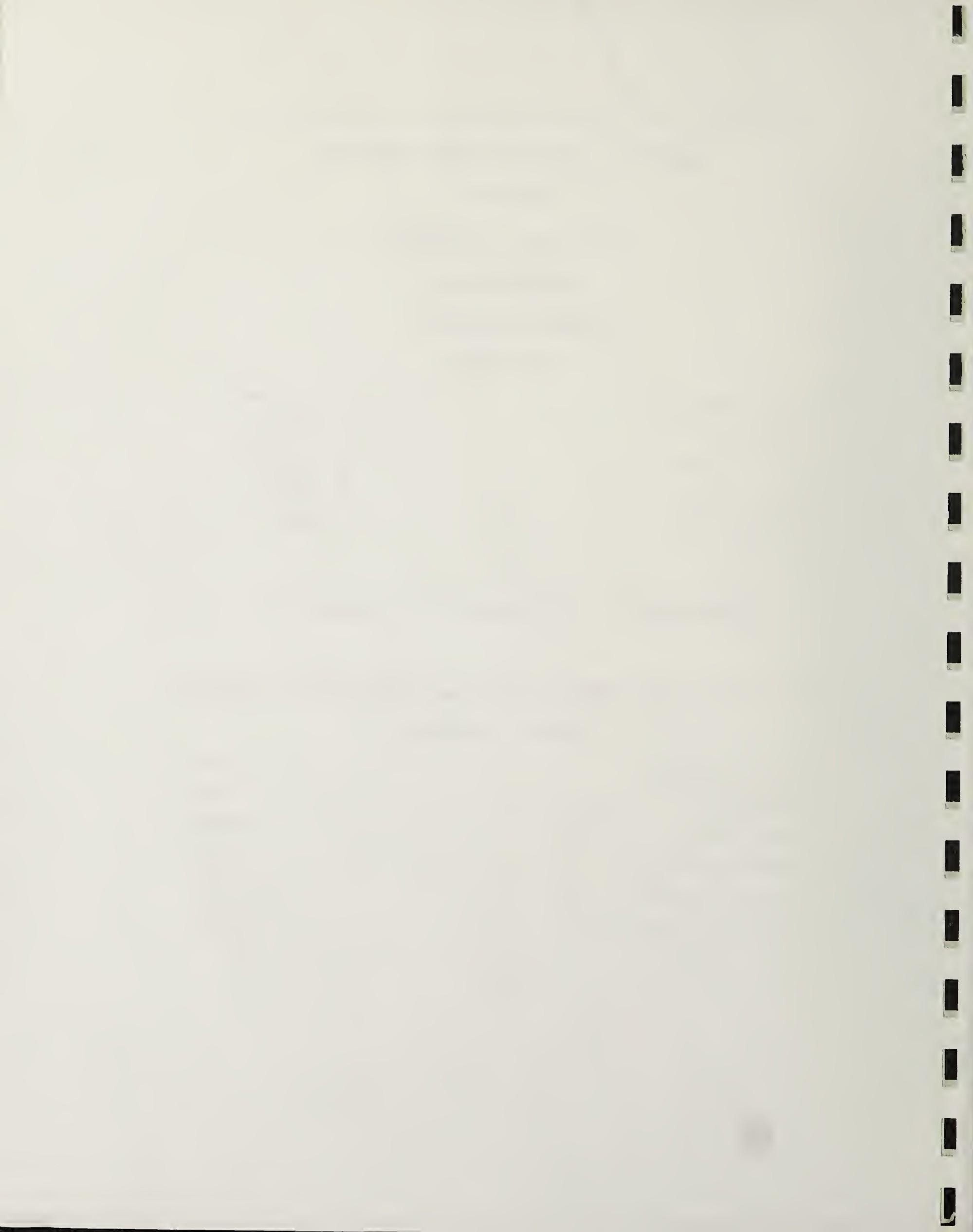
T. W. McLean  
R. Preece  
R. Robinson  
J. L. Skelton  
W. Smith  
F. Slack  
R. Tose

CHAIRMAN OF THE COUNCIL: Councillor J. Layden J.P.

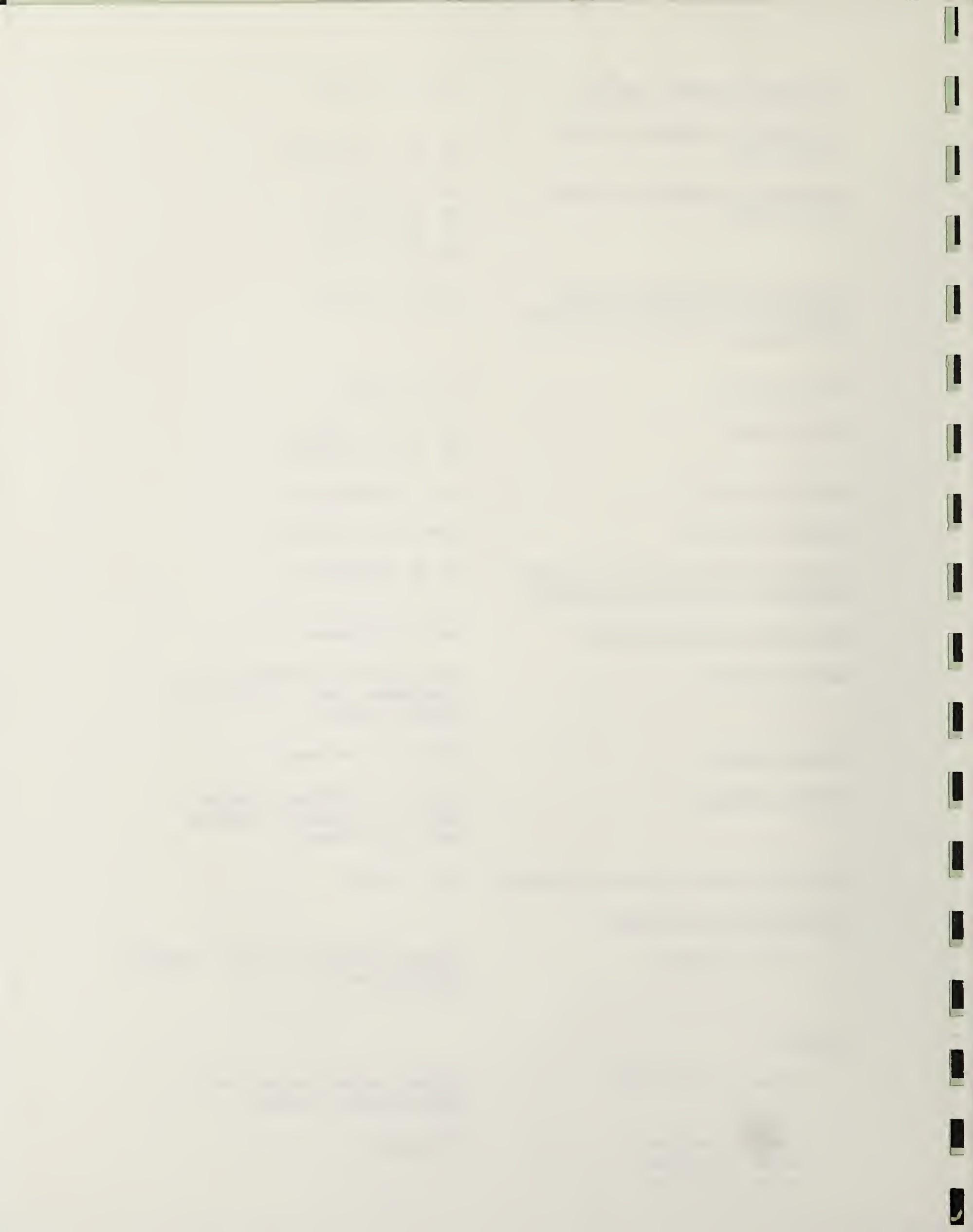
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1969

GENERAL STATISTICS

Area in acres .. . . . .	4,788
Population (estimated mid-1969) .. . . . .	14,990
Population (Census 1961) .. . . . .	13,691
Number of Houses .. . . . .	4,393
Rateable Value at 1.4.69 .. . . . .	£372,483
Product of penny rate .. . . . .	£1,385



<u>Divisional Medical Officer:</u>	Dr. J. T. Clow
<u>Departmental Medical Officer:</u> <u>(Full-time)</u>	Dr. M. J. Hallinan
<u>Departmental Medical Officers:</u> <u>(Part time)</u>	Dr. M. Elliott Dr. C. Taylor Dr. M. J. Daly Dr. P.J. Elson
<u>Departmental Medical Officer:</u> <u>(Part-time for Health Education activities</u>	Dr. E.M. Harvey
<u>Psychiatrist:</u>	Dr. S. Hoyes
<u>Psychologist:</u>	Mrs. F. A. Brown Mr. P. W. Atkinson
<u>Ophthalmologist:</u>	Dr. S. Bannerjee
<u>Speech Therapist:</u>	Miss. M. E. Bromley
<u>Peripatetic Teacher for the Deaf:</u> <u>(Doncaster School for the Deaf)</u>	Mr. W. Jenkinson
<u>Divisional Nursing Officer:</u>	Mrs. A. Brookes
<u>Nursing Staff:</u>	For details, see tables on attachment, etc., at the back of this report.
<u>Social Worker:</u>	Mrs. S. M. Freeman
<u>Dental Surgeons:</u>	Mr. M. S. Ormesher (Senior) Mrs. P. A. Duffield Harding Mrs. M. G. Brown
<u>Divisional Administrative Officer:</u>	Mr. A. Hill
<u>Divisional Senior Clerk:</u>	
Mr. F. Appleby	Nursing equipment, M.H.S. finance, salaries, etc.
<u>Clerks:</u>	
Miss. N. Gallimore	Typing, child-minding and Establishment records
Mrs. E. Robinson )	Statistics
Miss. P. Elliott )	"
Miss. M. Lawson, P/T )	"



Clerks:

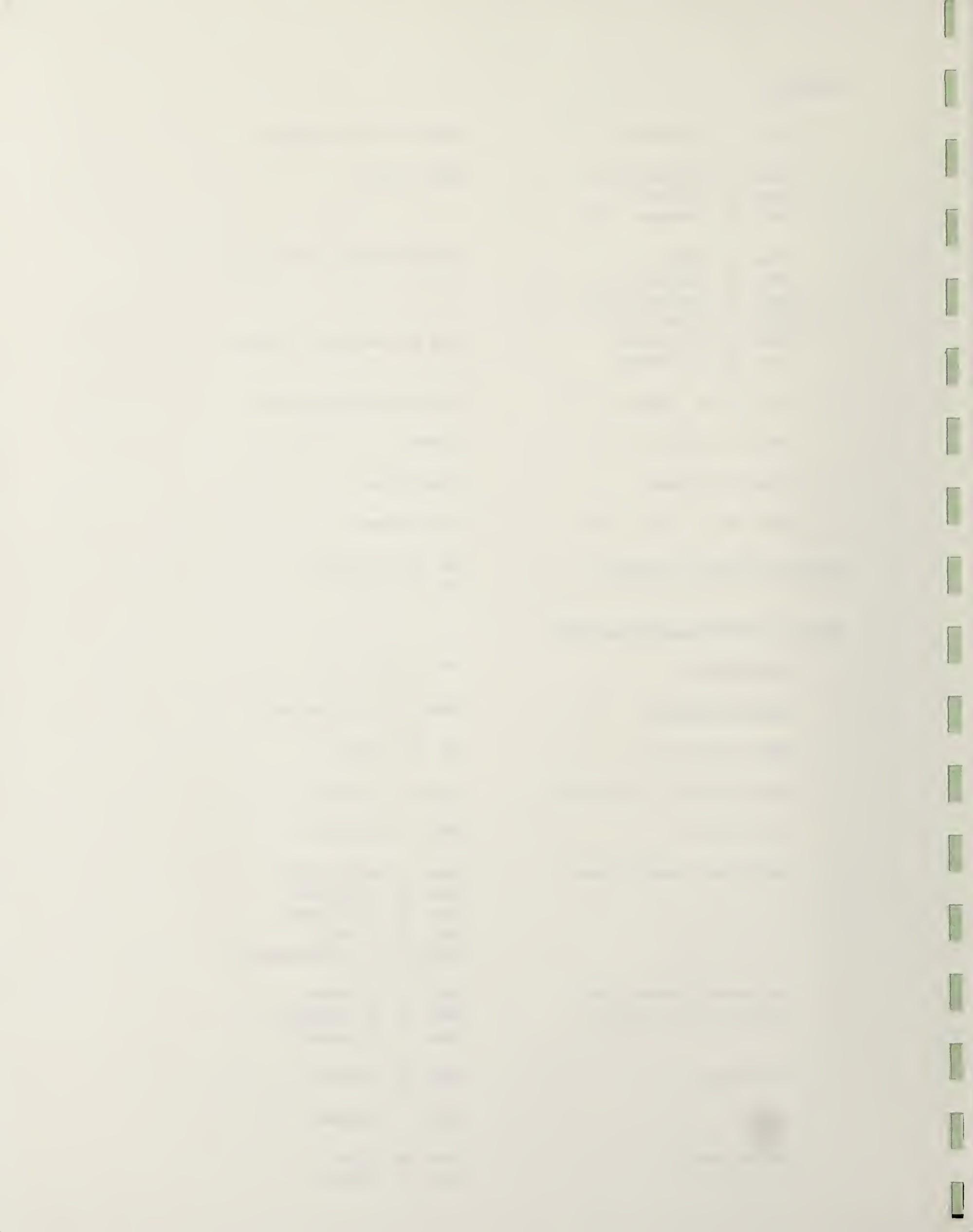
Mrs. C. Dickinson	Supplies and Finance
Miss P. Fitzmaurice )	Home Helps
Mrs. J. Kirton )	" "
Mrs. M. Horsman, P/T )	" "
Mrs. V. Twigg )	School Medical Section
Mrs. M. Hague, P/T )	" " "
Mrs. R. Ineson, P/T )	" " "
Mrs. B. Artell, P/T )	" " "
Miss E. Sutcliffe )	S.M.S. work and typing.
Mrs. M. I. Foster )	" " "
Mrs. P. M. Horner, P/T	Child Guidance Clinic
Mrs. A. Allott, P/T	Clerk
Miss J. Savage	Enquiries
Mrs. M. C. Hill, P/T	Food Sales

Mental Welfare Officers:

Mr. R. W. Potts  
Mr. J. Scott

Maltby Training Centre Staff:

<u>Supervisor:</u>	Mr. J. M. Dey
<u>Senior Teacher:</u>	Miss H. M. Broadbent
<u>Male Instructor:</u>	Mr. R. Smith
<u>Senior Female Instructor</u>	Mrs. E. Clarke
<u>Instructor:</u>	Mrs. S. Garbett
<u>Assistant Supervisors:</u>	Mrs. S. McGoldrick Mrs. A. Callahan Miss M. E. Brammer Mrs. A. Fereday Miss J. A. Greenhalgh
<u>Assistant Supervisors:</u> (Special Care Unit)	Mrs. H. Brydone Mrs. I. M. Claxton Mrs. A. Stepanek
<u>Attendant:</u>	Mrs. H. Bennett
<u>Cook:</u>	Mrs. E. Chapman
<u>Assistants:</u>	Mrs. M. Kirk Mrs. O. Johnson



Clerks:

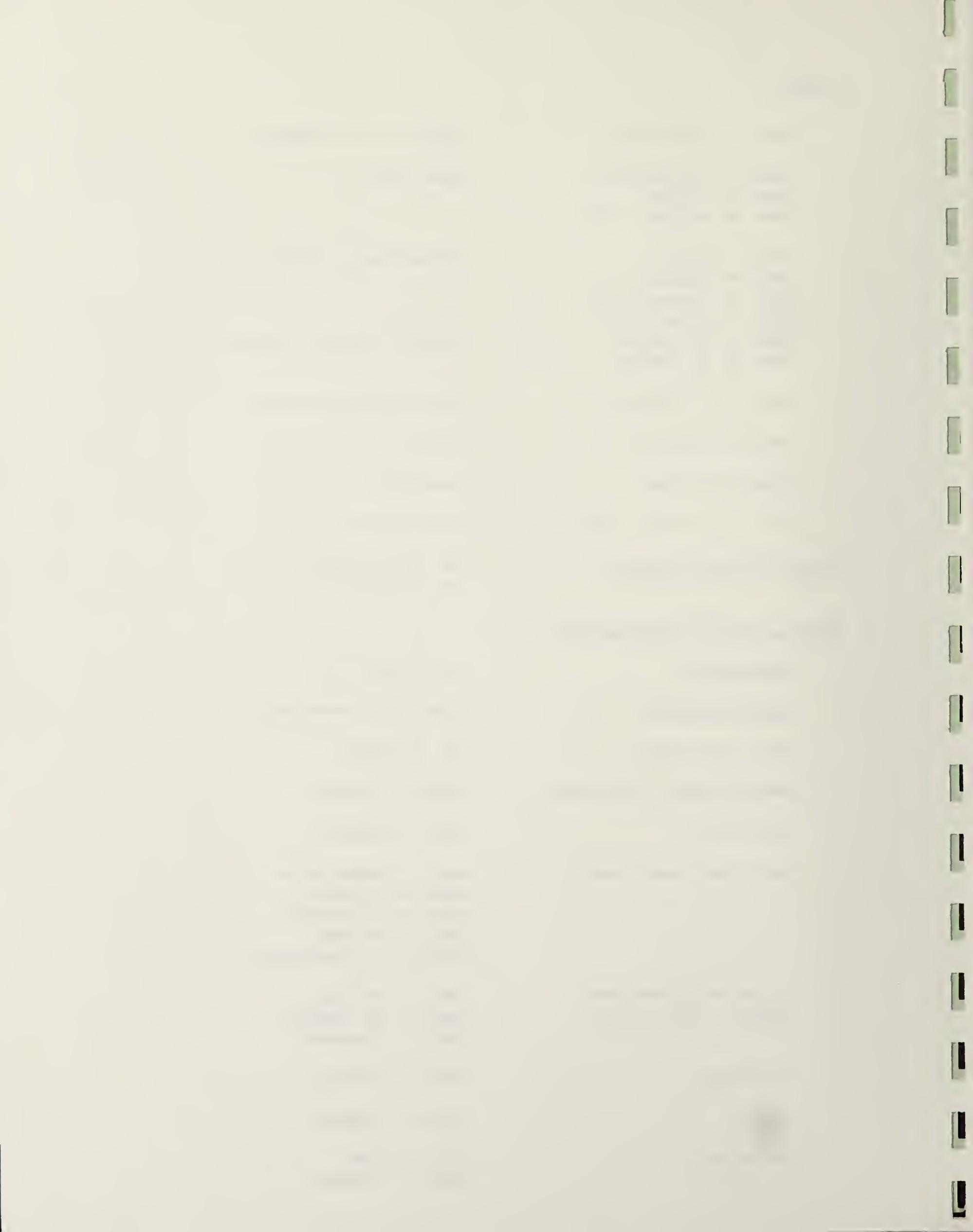
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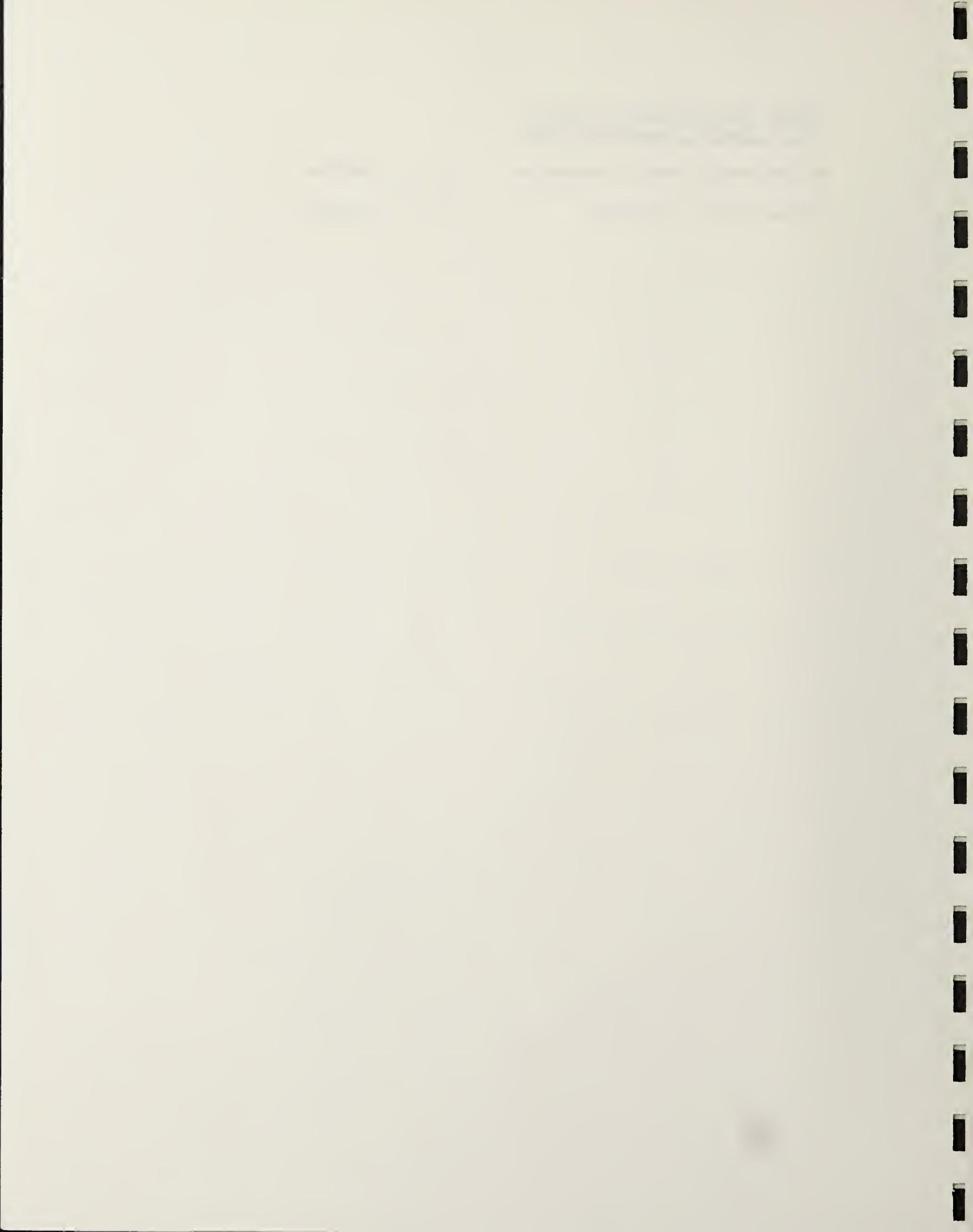
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Maltby Urban District Council  
Public Health Department Staff:

Senior Public Health Inspector: Mr. M. Hepples

Public Health Inspector Mr. J. Speight



To the Chairman and Members of the Health Committee

Ladies and Gentlemen,

It is my pleasure to submit to you my annual report on the health of the district for 1969. The report is in a slightly different form from that adopted in previous years, in that my own comments on the work of a particular section of our services are included in that section, in addition to the comments supplied by my staff. An index is appended so that if members wish to refer to a particular facet of our work, they can easily do so. This introduction to the report summarises the progress that has been made in 1969 and, again, outlines particular ways in which fresh services can be introduced and present ones improved.

During 1969, further attempts were made to set up family planning clinics within the Division, and these finally opened in early 1970 at Brinsworth and Wickersley. After only a few months, they seem to be much appreciated and it is hoped that further clinics will be opened within the next year.

At the present time, there are several schemes in the offing to extend the clinic and health centre facilities within the area. New or replacement clinics/health centres are envisaged at Brampton Bierlow and Dalton, Swallow-nest and Maltby, together with extensions at Kiveton Park and, possibly, Wickersley. It is hoped that at least two of these projects will begin during the financial year 1970/71, and the others should follow in the year 1971/72.

During the year, two further members of medical staff were appointed - Dr. M. J. Daly and Dr. D. J. Elson. Both of these ladies are permanent part-time departmental medical officers, carrying out the majority of their work during the school terms, a form of appointment which is becoming increasingly popular with married women doctors. At the moment, we are experiencing considerable difficulty in recruiting medical staff to the public health service (as members will know, there has been no deputy medical officer of health in this Division for 4½ years now), and it is particularly pleasing to have experienced doctors joining our ranks.

In the body of my report, I have mentioned the fact that consultant paediatric clinics have been discontinued in the Division. As members will recall, Dr. C. C. Harvey, did a good deal of work in this field in this Division, in Division 26 (Wath on Dearne), and to a lesser extent, in Division 27 (Doncaster). It is a sobering thought that the paediatric services in an area which covers perhaps 280,000 people, have been without a permanent children's specialist in both the curative and preventive field for close on two years now. A succession of locum consultants, however able, does not give the continuity so essential in this type of work.

During the past year, a good deal of publicity has been given to the care of patients suffering from acute mental illness and the severely subnormal mental patient - particularly the latter. Many patients who have been looked after in large hospitals for the mentally subnormal could be well cared for within the community, provided that adequate "sheltered" living accommodation and/or employment is available.

Efforts are being made in this area to expand these hostel and sheltered workshop facilities and the help which local councils have given to this end, is much appreciated. In addition to these physical improvements, it will be essential for the hospitals concerned to work closely with the local services to ensure that the transfer of such patients back to community life is accomplished as smoothly as possible. There will, of course, be difficulties in this direction, but I am sure that this humane and enlightened policy will pay considerable dividends in the long term.

In my report for 1968, I devoted some space to the question of health education in schools. Just at the end of 1969, Dr. E. M. Harvey joined the staff to assist in this work and during the coming year, I hope that considerable progress will be made in this direction.

During 1969, a number of proposals for the reform of the medical and social services of local government were formulated. At the time of writing this report, there has just been a change of government and it would seem likely that the ideas on the integration of the health services, as proposed in the second Green Paper, could well be revised, as could those suggested for local government reorganisation. It is difficult at this stage to speculate how much delay will occur as a result of this revision, but it is well known that the present government is in favour of some two-tier system of, at least, local government. Despite this, however, the setting up of a local authority social services department, as recommended by the Seeböhm Committee, will undoubtedly occur in the near future, as the Local Authority Social Services Bill became Law shortly before the end of the past Parliament.

As a result of this new legislation, certain sections of the work of my department will become the responsibility of the Local Director of the Social Services Department. These will include the home help services, responsibility for adult training centres, the day care of children under five, day nurseries and child minders, and certain aspects of medical social work. These changes are likely to take place during the early part of 1971 and will need careful planning to ensure that the new department can inherit an effective service and to see that the general public are inconvenienced as little as possible. For my part, I am only too anxious that every assistance is given to the new department, as I am quite sure that it will require considerable help from ourselves.

During the year, a very important Housing Bill was passed, increasing the scope of local authority aid to householders, seeking to improve and upgrade their property, and also inviting local authorities to designate areas of sub-standard housing as improvement areas. It is a little early to judge the effect of this latest Housing Act, but indications are that it could result in a widespread improvement in large numbers of older houses. At the time of writing, I notice that grants for improvement have increased by something like a third during 1969, as compared with the previous year. Certainly in Maltby and in the Rotherham Rural area, quite substantial improvement areas have been designated, and any householder who is thinking of upgrading his property would be well advised to discuss his proposition with my chief public health inspectors (as in the case of Kiveton Park R.D.C. and Maltby U.D.C.) or with the surveyor's department of Rotherham R.D.C.

Pollution of the environment is very much the "in subject" these days, heightened, of course, by the fact that 1970 is World Conservation Year. At the risk of being boringly repetitious, I feel everyone of us must consider most carefully our present environment and how we can preserve and improve it. Certain great cities in highly developed industrial countries (Los Angeles, New York and Tokyo, to name but a few), are experiencing considerable difficulties as a result of atmospheric pollution, and two of five Great Lakes in Central U.S.A. and Canada are little more than industrial sewers. Coming nearer home, the Rivers Don and Rother show considerable evidence of industrial pollution, whilst the dereliction caused by old colliery workings and slag heaps is a constant affront to the eye.

Within the West Riding, it is estimated that at least 200 acres of land become derelict each year and we have about 9,000 acres in the administrative County to deal with at present. However, one should take heart from the excellent job of reclamation which has been done at Waleswood and press forward with other schemes. Most of the major schemes require finances which are outside the scope of local Councils, but I am sure that many smaller derelict areas could be reclaimed by some of the larger District Councils.

The question of Clean Air is always a somewhat controversial topic in a mining community but, nevertheless, the burning of raw coal in domestic grates is rather an anachronism in this day and age. Once the shortage of smokeless, solid fuel is overcome, then it is to be hoped that progress can be made in our own area in implementing the Clean Air Act. After all, in this direction, Sheffield has made more progress than any other large industrial city in Europe, and Rotherham County Borough already has 35% or so of its houses smoke controlled. So it would seem logical to make a start on smoke control measures in those parts of my Divisional area which adjoin the two County Boroughs. A further point is that large industrial concerns such as the British Steel Corporation (at their Steel, Peech & Tozer and Parkgate Works), are spending many hundreds of thousands of pounds during the next few years in a big effort to solve their own pollution problems.

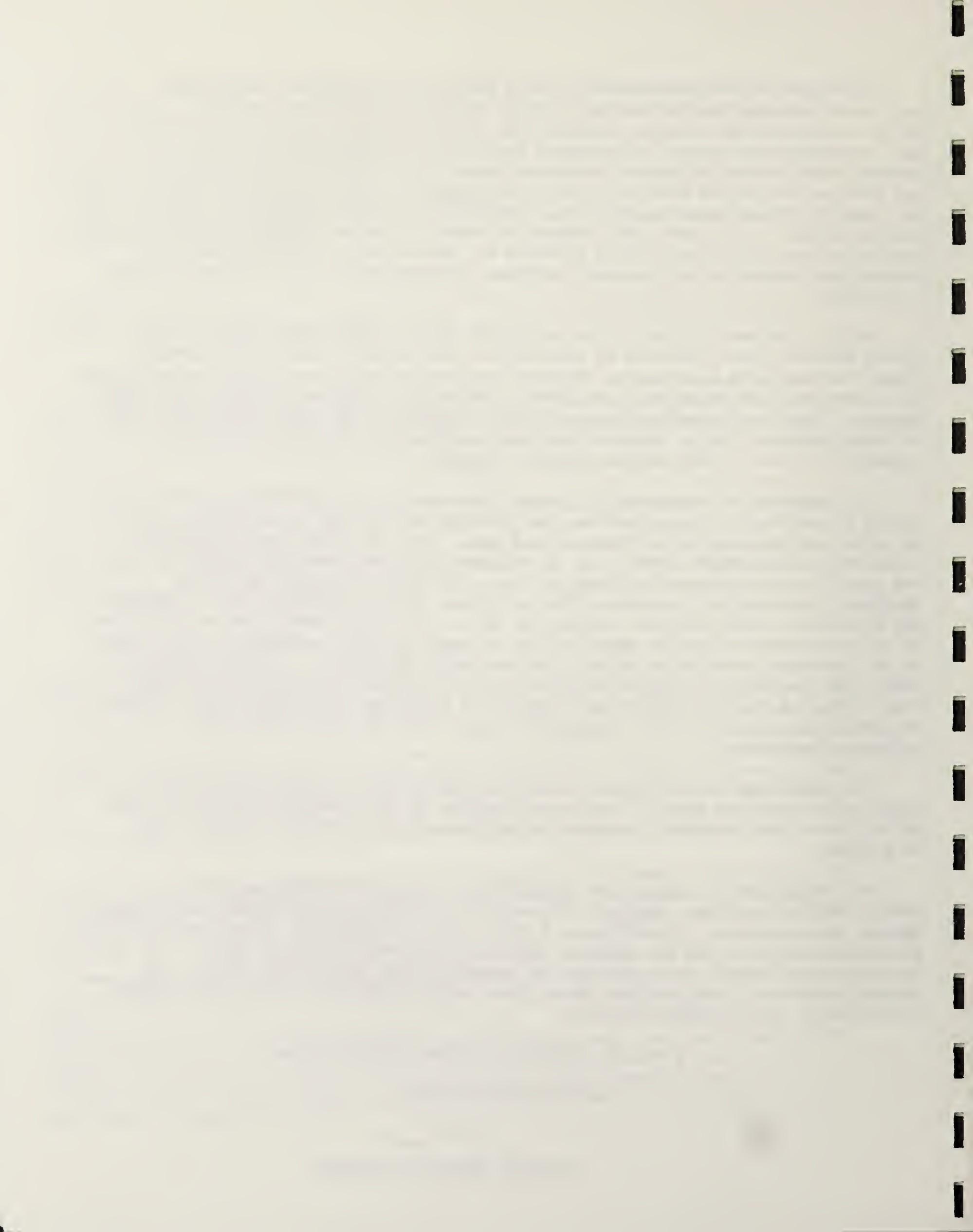
The combating of all types of pollution will require considerable effort (with a good deal of money), from every section of the community, but if we and our children are to enjoy a reasonable environment, then these "nettles" must be grasped.

In conclusion, I would like to thank Mr. McLean, the Chairman of the Public Health Committee, and all its members, for their encouragement and support during the past year. In addition, I would like to express my appreciation of all the work carried out by Mr. Hepples and his colleagues, and by my own County Council staff, particularly the members of the Divisional Office, the Nursing personnel, and the Home Helps whose work brings them into close contact with members of the general public.

I am, Mr. Chairman, Ladies and Gentlemen,

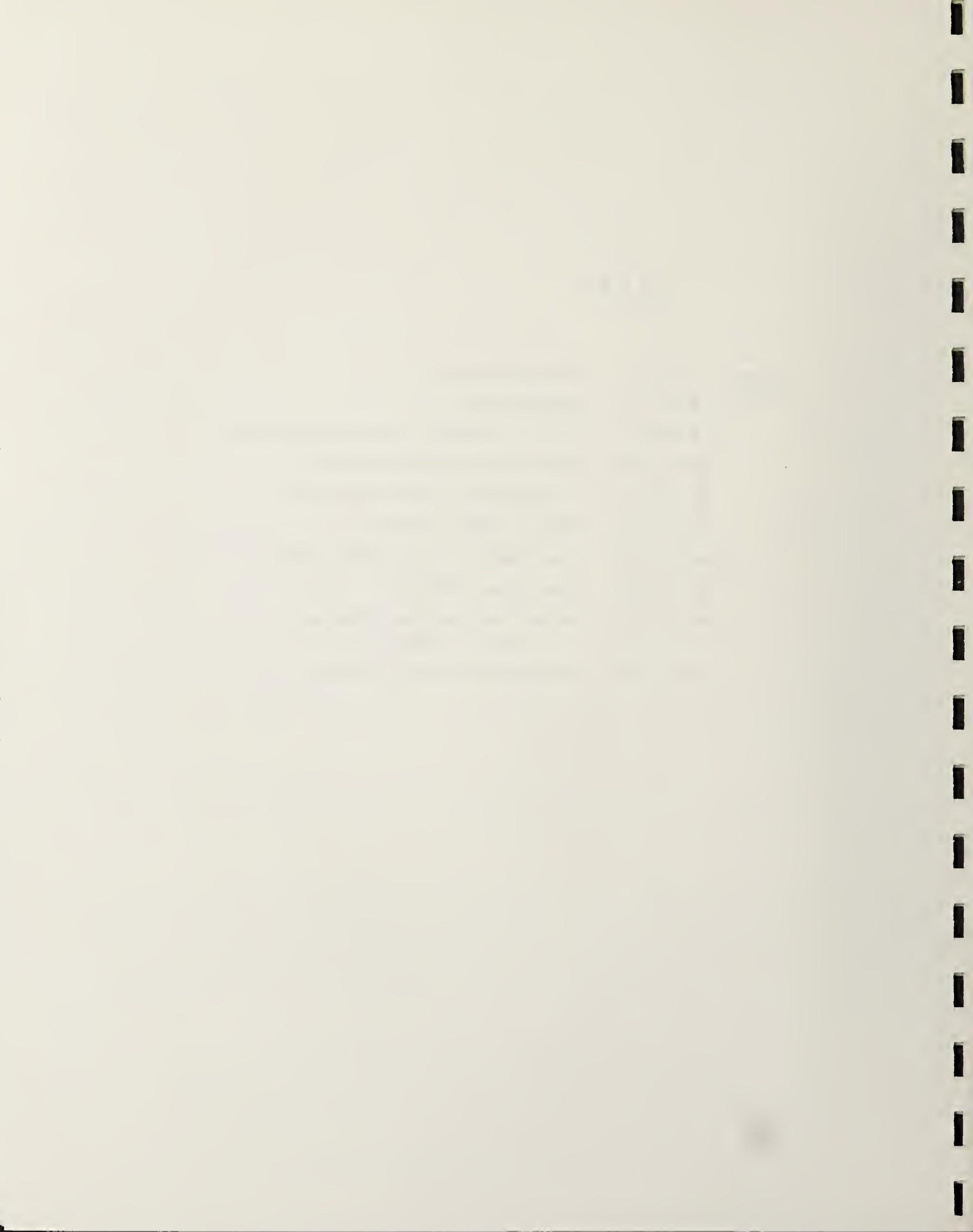
Your Obedient Servant,

*A. T. Lewis.*  
Medical Officer of Health



## I N D E X

<u>Pages</u>	
1 to 5	Vital Statistics
6 to 7	Epidemiology
8 to 17	Care of Mothers and Young Children.
18 to 23	Care and After-Care service.
24 to 27	Immunisation and Vaccination.
28 to 31	Mental Health Service.
32 to 36	The Health of the School Child.
37 to 39	Ambulance Service.
40 to 54	Report of the Chief Public Health Inspector.
55 to 56	Nursing Staff and Clinics



VITAL STATISTICS - MALTBY URBAN DISTRICT

	Local Authority area			England and Wales (Total)
	Males	Females	Total	
<u>Live Births</u>				
Total	139	129	268	797, 542
Legitimate	128	119	247	730, 500
Illegitimate	11	10	21	67, 042
<u>Stillbirths</u>				
Total	4	-	4	10, 662
Legitimate	4	-	4	9, 555
Illegitimate	-	-	-	1, 107
<u>Total Live and Stillbirths</u>				
Total	143	129	272	808, 204
Legitimate	132	119	251	740, 055
Illegitimate	11	10	21	68, 149
<u>Deaths of Infants</u>				
<u>under 1 year of age</u>				
Total	1	1	2	14, 397
Legitimate	1	-	1	12, 694
Illegitimate	-	1	1	1, 703
<u>under 4 weeks of age</u>				
Total	-	1	1	9, 603
Legitimate	-	-	-	8, 494
Illegitimate	-	1	1	1, 109
<u>Under 1 week of age</u>				
Total	-	1	1	8, 232
Legitimate	-	-	-	7, 266
Illegitimate	-	1	1	966
<u>Deaths - all ages</u>	74	64	138	579, 463

	Local authority area	England and Wales
<u>Live birth rates, etc.</u>		
Live births per 1,000 home population (crude rate)	17.9	16.3
Area comparability factor	.91	1.00
Local adjusted rate	16.3	16.3
Ratio of local adjusted rate to national rate	1.00	1.00
Illegitimate live births as percentage of all live births	8	8
<u>Stillbirth rate</u>		
Stillbirths per 1,000 total live and stillbirths	15	13
<u>Infant mortality rates</u>		
Deaths under 1 year per 1,000 live births	7	18
Deaths of legitimate infants under 1 year per 1,000 legitimate live births	4	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births	48	25
<u>Neonatal mortality rate</u>		
Deaths under 4 weeks per 1,000 live births	4	12
<u>Early neonatal mortality rate</u>		
Deaths under 1 week per 1,000 total live births	4	10
<u>Perinatal mortality rate</u>		
Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	18	23
<u>Death rates, etc. - all ages</u>		
Deaths per 1,000 home population (crude rate)	9.2	11.9
Area comparability factor	1.52	1.00
Local adjusted rate	14.0	11.9
Ratio of local adjusted rate to national rate	1.18	1.00

Trend of Infant Deaths over the past Ten Years:-

YEAR	LIVE BIRTHS	INFANT DEATHS	INFANT DEATH RATES
1960	281	8	28
1961	345	12	35
1962	280	4	25
1963	310	6	19
1964	304	13	42
1965	305	4	13
1966	303	7	23
1967	279	7	25
1968	320	9	28
1969	268	2	7

Stillbirths - Maltby Urban District

<u>Birth Weight</u>	<u>Cause of Death</u>
5lbs. 8 ozs.	a. Anencephaly. b. Degenerative Placenta. c. Underdevelopment of the placenta.
3lbs. 8½ ozs.	1.a. Intra uterine death due to Rhesus incompatibility.
2lbs. 2 ozs.	1.a. Intra uterine death.
5 lbs. 9ozs.	1.a. Foetal Asphyxia. b. Concealed accident haemorrhage.

Infant Deaths

<u>Birth Weight</u>	<u>Age at Death</u>	<u>Cause of Death</u>
8lbs. 14 ozs.	3 months	1.a. Gastro enteritis. 11. Spina bifida, and Hydrocephalus
2lbs. 13 ozs.	5 minutes	1.a. Achondroplasia

A pleasing feature during the past year has been the marked drop in the perinatal mortality rate, largely caused by a halving of the number of stillbirths. This can, I think, be attributed to higher standards of ante-natal care within the area. The infant death rate has remained much the same - a high proportion of these deaths occurred in the first few days of life and are often associated with severe congenital abnormalities and/or premature birth. However, there are still quite a number of infants who died from acute respiratory infection, despite the very effective antibiotics available nowadays. These deaths are probably due to virus infections which are frequently insensitive to this form of therapy.

During adult life, once again, diseases of the circulatory system were the main cause of death, but it was pleasing to note that deaths from carcinoma of the bronchus within the division, had declined from 50 - 42 during the year. Deaths from suicide, motor vehicle accidents, and all other types of accident, have declined but, of course, the figures are too small to be of any real statistical significance.

## DEATHS - Maltby Urban District

Cause of death	Sex	All Ages	Age in years										75 & over
			Under 4 weeks	4 weeks & under 1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	
Enteritis and other diarrhoeal diseases	M	1	-	1	-	-	-	-	-	-	-	-	-
Other infective and parasitic diseases	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasms, oesophagus	M	1	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, stomach	F	-	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, intestine	M	2	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, lung	F	3	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, bronchus	M	7	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm, breast	F	2	-	-	-	-	-	-	-	-	-	-	-
Malignant neoplasm uterus	F	2	-	-	-	-	-	-	-	-	-	-	-
Other Malignant neoplasms	M	3	-	-	-	-	-	-	-	-	-	-	-
Diabetes Mellitus	F	2	-	-	-	-	-	-	-	-	-	-	-
Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of Nervous system, etc.	F	1	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic heart disease	M	1	-	-	-	-	-	-	-	-	-	-	-
Hypertensive Heart Dis.	F	1	-	-	-	-	-	-	-	-	-	-	-
Ischaemic Heart Disease	M	22	-	-	-	-	-	-	-	-	-	-	-
	F	14	-	-	-	-	-	-	-	-	-	-	-



E P I D E M I O L O G Y

Age Distribution of Infectious Diseases

Disease	under 1 yr.	1 year	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-14 yrs.	15-24 yrs.	25+	Age unknown	Total
Measles	9	17	17	21	8	49	-	-	-	-	121
Scarlet Fever	-	1	1	-	2	6	1	-	-	-	11
Meningitis	-	-	1	-	-	1	2	-	1	-	5
Dysentery	1	-	-	1	1	1	-	1	1	-	6

Tuberculosis

Maltby Urban District

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
Number of cases on register at 1.1.69 .. .. ..	41	11	3	3
Number of cases notified for first time during year ..	1	-	-	-
Number of cases removed from register .. .. ..	6	3	-	2
Number of cases remaining on the register at 31.12.69	36	8	3	1

The number of cases of measles notified during the past year showed a dramatic drop from 1968. This may have been due in part to the use of measles vaccine, but could have occurred as a natural result of the down-swing in cases of measles which occurs in the two-yearly cycles this disease exemplifies.

In March 1969, measles vaccination was suspended due to the difficulties encountered with one particular type of vaccine and was not resumed until late February 1970. It is to be hoped that once immunisation becomes generalised, this annoying and sometimes serious infection will be drastically reduced and finally eliminated.

During the year, we had a mild outbreak of some dysentery in one particular area which smouldered on for about three months. Fortunately, there were only 30-40 cases during this time and the symptoms were relatively mild.

C A R E   O F   M O T H E R S   A N D

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Y O U N G   C H I L D R E N

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Domiciliary and Institutional Births

DETAILS	BIRTHS						TOTALS
	<u>Domiciliary</u>		<u>Institutional</u>				
	<u>Live</u>	<u>Still</u>	<u>Live</u>	<u>still</u>			
Primary notifications received.	417	3	1,148	5			1,573
Inward transfers	2	-	1,119	15			1,136
Total notifications received.	419	3	2,267	20			2,709
Outward transfers	3	-	577	5			585
Total adjusted notifications.	416	3	1,690	15			2,124

Midwifery

The expected patterns of Midwifery Services continued during the past year, with a further decrease in domiciliary confinements from 548 to 419.

To aid improved communications, a Night Rota system commenced at the beginning of the year. This has proved very successful and minimised the frustrations of patients and delays to staff. The success of the scheme has only been made possible by the tremendous co-operation of the Ambulance Staff and our own nursing personnel.

The increased number of disposable items of equipment and improved contents of packs has been very satisfactory.

The midwives are now spending more time attending cervical cytology clinics, in some cases in special sessions, or at the end of the ante-natal clinics.

The staff situation remained fairly constant with two resignations and two appointments, making a total of 10 full time and three part time midwives.

Number of deliveries attended by Midwives in the area during the year.					
Domiciliary Cases					
Doctor not booked			Doctor booked		Cases in Institutions
Doctor present at any stage of Labour.	Doctor not present at any stage of Labour.	Doctor present at any stage of labour (either the booked doctor or another).	Doctor not present at any stage of Labour.	Totals	
4	13	162	240	419	1,153

Number of cases delivered in institutions but attended by Domiciliary Midwives on discharge:-

(i)	At forty-eight hours .. .. .. ..	475
(ii)	After forty-eight hours, up to and including the fifth day .. ..	502
(iii)	After the fifth but before the tenth day ..	<u>303</u>
	Total -	1,280

#### Obstetric Flying Squad

Number of occasions services called upon during year - 4

#### Administration of Inhalational Analgesics

Cases where analgesia was administered by Domiciliary Midwives:-

(a) Pethidine .. .. .. ..	104
(b) Trilene with Pethidine ..	128
(c) Trilene alone ..	87

#### Statutory Notices

Eight statutory notices in respect of stillbirths, two for liability to be source of infection and one for death of child, were received from Midwives in the Division during the year.

General practitioners were called in to give medical aid at, or in connection with domiciliary confinements in 15 instances.

#### Medical Aid Notices

Issued for:-	Number issued because of complications arising in/during -			
	Pregnancy	Labour	Lying-in	The Child
Domiciliary cases	-	12	2	1

#### Ophthalmia Neonatorum

No cases were notified in the Division during 1969.

#### Phenylketonuria Testing

Number of babies tested .. .. .. ..	1,867
During the fourth week of age or under	1,159
Over four weeks, but less than six weeks	439
Six weeks of age or over .. .. ..	269
All the tests were found to be negative.	

ANTE-NATAL, MOTHERCRAFT AND RELAXATION CLASSES

<u>Name of Clinic.</u>	Number of women who attended during the year.			Total number of attendances made during the year.		
	Institut- ionally booked.	Domiciliary booked.	Total	Institut- ionally booked.	Domiciliary booked.	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Brinsworth	23	-	23	111	-	111
Dalton	7	5	12	54	29	83
Dinnington	70	7	77	331	71	402
Kiveton Park	23	7	30	150	47	197
Maltby	55	1	56	466	13	479
Swallownest	32	-	32	213	-	213
Thurcroft	21	-	21	80	-	80
Wickersley	33	1	34	379	1	380
TOTAL -	264	21	285	1,784	161	1,945

In the main, Ante-natal Clinics are held by Family Doctors for their own patients and at Hospitals or Maternity Homes.

## Voluntary Committees

I would again like to take this opportunity of expressing my gratitude to members of the Voluntary Committees for the valuable help which they give to the mothers and staff at the various clinics in the area.

## Health Visiting

Many changes have taken place in the role of the Health Inspector in preceding years; she is now a well established family visitor.

The attachment scheme to Family Doctors has increased the work of most of our staff, with attendance at surgeries together with consultations with doctors and patients.

There still remains much work to do in clinics. While the health of the majority of young children today is of a high standard, this achievement is an evolving process and there is a continuing need for a preventive service. It is necessary to focus extra attention on special groups of children and parents, who will always need some type of support.

The handicapped children have required much more visiting, parents requiring extra help with the variety of gadgets now available to increase the independence of every type of disabled child.

The liaison with hospitals has increased, for with extra staff, one Health Visitor is now in a position to visit all hospitals more frequently. During the past year, 56 visits were made to general hospitals with 15 visits to specialist hospitals.

The staff situation remained static at fifteen Health Visitors and five Assistant Health Visitors.

## Care of the Unmarried Mother and Her Child

103 cases in the Division were reported to me for attention during 1969.

49 Mothers were under 20 years, 38 were 20-30 years and 16 were 30 years and upwards.

76 were single women, 23 married women but had illegitimate pregnancies; 4 were widowed or divorced women.

Settlement of these cases was as follows:-

69 Mothers kept their babies.

17 babies were adopted.

4 babies were fostered.

10 cases were settled by marriage.

3 babies died

Health Visiting and Tuberculosis Visiting

	<u>Cases visited by Health Visitors</u>	Number of cases (i.e. first visits)
1.	Total number of cases.	12,580
2.	Children born in 1969.	2,276
3.	Children born in 1968.	1,798
4.	Children born in 1964-67.	2,830
5.	Total number of children in lines 2 - 4.	6,904
6.	Persons aged 65 or over (excluding 'domestic help only' visits).	1,205
7.	Number included in line 6 who were visited at the special request of a general practitioner or hospital.	856
8.	Mentally disordered persons.	51
9.	Number included in line 8 who were visited at the special request of a general practitioner or hospital.	30
10.	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	300
11.	Number included in line 10 who were visited at the special request of a general practitioner or hospital	259
12.	Number of tuberculous households visited (i.e. visits by health visitors not employed solely on tuberculosis work).	36
13.	Number of households visited on account of other infectious diseases.	358
14.	Other cases.	3,726

INFANT WELFARE CENTRES

Name of Centre	Number of children who attended during the year and who were born in:-		Total number of children who attended during the year.		Number of attendances during the year made by children who were born in:-	Total attendances during the year made by the year.
	1969	1968	1964-1967	1969	1968	
Brinsworth	178	196	238	612	1,961	2,156
Catcliffe	45	80	35	160	270	394
Cortonwood	58	56	51	165	809	982
Dalton	146	101	208	455	1,124	850
Dinnington	214	154	92	460	2,474	1,915
Kiveton Park	135	150	185	470	1,298	785
Maltby	268	327	68	663	2,373	1,758
Swallownest	197	231	279	707	1,759	1,553
Thurcroft	102	139	142	383	1,149	977
Treeton	28	67	42	137	264	270
Whiston	17	12	41	70	219	252
Wickersley	259	300	317	876	1,727	1,519
Woodsetts	19	17	10	46	211	149
Mobile Clinics	148	140	157	445	1,174	1,115
<b>TOTALS</b>	<b>1,814</b>	<b>1,970</b>	<b>1,865</b>	<b>5,649</b>	<b>16,812</b>	<b>14,675</b>
					<b>7,655</b>	<b>39,142</b>

One meeting of the Co-ordinating Committee was held in 1969, when general policy was discussed, particularly with regard to the number of meetings required of the whole Committee. The general consensus of opinion was that meetings of such a large Committee were mainly fruitless and that provided communication between the various departments was satisfactory, small area meetings would be much more efficacious.

At this meeting, the question of housing evictions was discussed very fully, particularly with regard to the National Coal Board tenants. There does not appear to be an easy solution to this problem, but it was decided that where eviction was contemplated, that each Local Authority Housing Department and the National Coal Board, should be asked to give us as much early warning as possible.

The Local N.S.P.C.C. Inspector raised the question of a furniture store which could be used for supplying furniture to needy families. I have already been offered a fairly large room in one of the local Church Halls, but can find no means of obtaining monies for the rental of this room. The Children's Department have some small local funds available, but these would not be nearly sufficient to meet the cost.

Since I have had a Social Worker attached to my staff, I have been endeavouring to secure an up-to-date list of the problem families within the Divisional area. The Social Worker is clarifying these cases with the Health Visitors in each area, so that we can get a really up-to-date idea of the current situation. When this is done, it should be possible to start regular area meetings, which will be attended by local officers of the requisite departments.

#### Health Education

The Health Education activities carried out in all areas followed a similar pattern to that of previous years, with small variations to meet local needs.

#### Infant Welfare Clinics

The range of programmes has been interesting, varied, and well received. The displays of visual aids covering a wide range of subjects, have stimulated much discussion among mothers.

A very popular innovation at one clinic was the introduction of a series of weekly talks, given alternately by Health Visitor and Doctor.

There was a large attendance at these sessions, mothers displaying a keen interest with lively discussions at the conclusion of each talk. Subjects covered were, infant feeding, nutrition, growth and development, ailments in infancy, when and when not to call a Doctor, and birth control.

Films shown in clinics on a wide range of subjects numbered 32.

Groups of school leavers have attended infant clinic sessions for observation and instruction on mothercraft and child care; in one area, the group was a mixed one, boys showing equal interest with the girls.

#### Schools

There are now eight senior schools in the Division operating a fixed programme which is shared between teacher and health visitor; this type of combined effort appears very successful, and not quite so time-consuming for our staff. A request from the Education

Kitchen and Personal Hygiene, was received at the end of the year; this programme will be repeated to other staffs during the coming year. In all cases, talks were supported by visual aids and films.

#### Mothers' Clubs

The attendance at these Clubs are 30 - 40 each week, Health Visitors and District Nurses, have given talks on all aspects of health; talks on "The Care of the Elderly", were very popular and provoked much discussion.

#### Cervical Cytology

Name of Clinic	Number of sessions held during the year.	Number of patients attending for first time.	Total number of smears taken.	Number of patients with positive smears.
Brinsworth	5	73	73	-
*Cortonwood	-	75	75	-
*Dalton	-	49	49	-
Dinnington	8	114	114	5
Kiveton Park	17	208	208	1
Maltby	14	154	154	-
Swallownest	31	376	376	1
*Wickersley	-	128	128	-
* Smears taken at Ante-natal session.				
Totals:	75	1,177	1,177	7

#### Nurseries and Child-minders Regulation Act, 1948, as amended by the Health Services and Public Health Act, 1968.

From November 1st, 1968, it became law for all persons looking after young children under the age of 5, for gain, to be registered with the Local Health Authority. One of the main reasons for this legislation has been the exploitation of parents by unregistered child minders. Fortunately this did not constitute any great problem in this area, but it certainly was a hazard in many of the big cities. The Local Health Authority lays down standards on hygiene, safety, size of accommodation, etc., for all child minders, day nurseries and play groups.

It is very important that children who may be deprived, as a result of physical or emotional handicap or parental indifference, should have the opportunity of gaining the further intellectual stimulus which play groups, nursery schools, etc., can provide.

A list of approved child minders and play groups is given below:-

Child Minders:-

Mrs. P. James, 1 Priory Way, Aston.  
Mrs. E. M. Lavender, 11 Manvers Close, North Anston.  
Mrs. E. M. Lenthall, 9 Ryton Road, South Anston.  
Mrs. D. Little, 32 The Oval, North Anston.  
Mrs. J. Middleton, 35 St. Stephen's Drive, Aston.  
Mrs. D. Moyse, 7 Manor Close, Todwick.  
Mrs. M. Paddock, 6 Bank Street, South Anston.  
Mrs. M. E. Parkin, 162 Rotherham Road, Maltby.  
Mrs. D. Perry, 70 The Oval, North Anston.  
Mrs. G. E. Phillips, 32 Manor Road, Dinnington.  
Mrs. M. Wainwright, 78 Church Lane, Dinnington.  
Mrs. M. E. Widdison, 28 Carver Close, Harthill.

Play Groups:

The Parish Hall, Cross Street, Bramley.  
The Parish Hall, Knollbeck Lane, Brampton Bierlow.  
Mrs. W. M. Bellamy, 61 Ryton Road, North Anston.  
St. Andrew's Hall, Brinsworth Road, Brinsworth.  
The Middleton Institute, Barleycroft Lane, Dinnington.  
The Welfare Institute, Winney Hill, Harthill.  
Mission Hall, Bateman Road, Hellaby.  
St. John's Church Rooms, Wales Road, Kiveton Park.  
The Village Hall, Laughton.  
St. Bede's Church Play Group, Salisbury Road, Maltby.  
The Welfare Hall, Ryton Road, North Anston.  
O.A.P. Centre, Birchwood Drive, Ravenfield.  
The Hengist Hut No. 1, Rotherham Road, Swallownest.  
The Parish Hall, Park Lane, Thrybergh.  
Sports Pavilion, Orchard Lane, Thurcroft.  
The Reading Room, Parish Hall, Front Street, Treeton.  
Parish Church Institute, School Hill, Whiston.  
The Barn, Church Lane, Wickersley.  
Methodist Church Hall, Bawtry Road, Wickersley.  
Oakland House, Woodsetts. (Mrs. M. Ingham).

C A R E   A N D   A F T E R - C A R E

S E R V I C E

## Home Help Service

The Home Help Service was designed to assist families when the mother, or other person responsible for the domestic affairs, was taken ill or otherwise unable to deal with those arrangements. It was not intended to remove the family responsibility, particularly in the care of the aged. At the time of divisionalisation, three cases per week were receiving attention; the weekly total now is in the region of seven hundred.

Every effort is made to provide continuity of service when home helps are ill or on holiday, but this is not always possible, so a system of priorities is used. Efforts are also made to meet the preferences of individual patients, provided this does not interfere with the efficient working of the scheme. In the vast majority of cases, the service is much appreciated by the recipients. I am also assured that some of the home helps do more than they are required to do, or are paid for. My thanks go to them for this and for the way in which they deal with some of the more difficult cases.

The table below gives statistical details of the Home Help Service for the year 1969.

Number of Home Helps employed in the Division at 31.12.69 - 157

Cases provided with domestic help during the year:-

	Number of cases			Hours Employed
	From Previous Year	New Cases	Total	
(i) Aged 65 or over on first visit during year	599	205	804	136,264
(ii) Under 65 years of age on first visit during year:-				
(a) Chronic sick and tuberculosis ...	26	18	44	5,056
(b) mentally disordered	-	-	-	-
(c) maternity... ...	5	81	86	4,834
(d) others ... ...	-	8	8	625
Totals -	630	312	942	146,779

## Chiropody

18 per cent of old age pensioners received chiropody treatment; the following table shows the details for the Divisional area.

Total number of patients treated in Divisional area.			In Chiropodists' Surgeries			Total number of Treatments given								
						In Voluntary Association's premises or clinics.			Domiciliary			Total number of treatments given.		
P.	P.H.	E.M.	P.	P.H.	E.M.	P.	P.H.	E.M.	P.	P.H.	E.M.	P.	P.H.	E.M.
1995	224	1	1073	36	-	5514	110	2	3814	110	-	11501	256	2

## Home Nursing

The work load of the Home Nursing Service continues to increase, reflecting the earlier discharge of all types of patients from hospital units. There are many more patients referred, who require attention to dressings, removal of clips and sutures; the disposable dressing pack now issued on the EC.10 certificate has enabled the service to maintain a high professional standard so necessary in this sphere.

The largest number of patients continue to be the elderly and handicapped. The greatest problem to the nurse, are the patients who live alone, for need appears to increase at a far greater rate, than the expansion of the service.

The staff remained constant at 15 full time and 2 part time nurses.

One nurse attended the In-service Training Course at Grantley Hall, which dealt mainly with rehabilitation.

The following table gives details of the work carried out by Home Nurses in the Division:-

Classification	Number of cases attended by Home Nurses during the year.	Number of visits paid by Home Nurses during the year.
1. Medical	1,873	36,701
2. Surgical	715	13,905
3. Infectious diseases	35	99
4. Tuberculosis	29	1,639
5. Maternal complications	108	687
6. Other	37	76
TOTALS   ...   ...   ;...   ...	2,797	53,107
Patients included above who were aged 65 or over at the time of the first visit during the year.	1,256	33,747
Children included above who were under five years of age at the time of the first visit during the year.	117	894
Patients included above who have had more than 24 visits during the year.	542	37,867

### Night Nursing Service.

The Night nursing service attended 62 patients during the past year, this was slightly less than the previous year, due possibly, to the inability to replace one member of the staff who resigned at the beginning of the year.

This service is appreciated by the families of these patients and many letters to this effect have been received.

### Provision of Nursing Equipment for Homes.

The West Riding County Council provides a wide variety of equipment, ranging from bed pans to highly specialised Ripple beds.

The larger items of equipment, e.g. hospital type beds, commode chairs, wheel-chairs, etc., are directly controlled, stored at and issued from my Divisional office.

The services of a private transport contractor are engaged and a Home Delivery Service maintained for the type of equipment which cannot be conveniently collected by the patient's family and carried on Public Transport. A stock of the smaller items of equipment, e.g. bed pans, back rests, bed cradles, etc. is also held at my office. In addition, an allocation of the full range of the smaller items of equipment is held on a district basis. In the main, such equipment is stored at Child Welfare Centres, where it can be drawn from by District Nurses, other staff and members of the public. Often, if a District Nurse is attending, the required equipment will, if suitable, be carried in the Nurse's car to the patient concerned. It is emphasised, however, that nursing equipment is available to all in need and it is not a condition of issue that a District Nurse be attending the patient. The West Riding County Council makes no charges for equipment which is issued on loan and for which a receipt is obtained. Some Authorities do, in fact, make a charge for similar services. The County Council gives two items, namely, male urinals and foam rubber or air rings, on a free of charge, non-return basis.

Naturally, problems of supply and demand do exist. It is not possible to ensure that every item from a very wide range of items which may be required, can be held in stock at any given moment. The smaller items are, however, mostly available at all times. Other items such as hospital type bedsteads and commodes which may not be available ex-stock, can often be supplied in 7 to 14 days, by purchase through the County Supplies Department. In addition, the County Council operates a scheme where stocks of equipment, held in other Divisions, can be transferred to any area where need is established. Transport is supplied by the County Supplies Department or, if economical, by a private transport contractor. The services of a private transport contractor are often used for journeys into neighbouring Divisions. The main problem of supply is, undoubtedly, with wheelchairs, particularly during the summer months. The number of wheelchairs available in my Divisional area is more than adequate to meet the demand envisaged from patients whose need is of a temporary nature, e.g. accident and fracture cases. Unfortunately, well over ninety per cent of the annual demand originates from patients whose needs are permanent and for whom wheelchairs are available through the National Health Service. In such cases, subject to availability, I am able to make provision of a wheelchair on a strictly temporary basis of thirteen weeks only - in effect, a scheme to meet the demand, on a restricted basis, of as many patients as possible.

At the time of issue, a notification is forwarded to the family doctor, and to the patient, advising both on the procedure for obtaining a wheelchair through the National Health Service. Such a chair, supplied only in cases of permanent need, would remain with the patient for the rest of his/her natural life.

The following table shows the amount of equipment issued during the year:-

Item	Number of issues during the year
Bath seats....	8
Bedding - pillows..	1
" - pillow cases...	1
Bed blocks...	1
Bed cradles..	53
Bed pans ...	167
Bed rests ...	83
Bedsteads - with self-lifting poles..	23
Bedsteads - ordinary ...	7
Bedsteads with cot sides.	3
Chairs - 'Amesbury' - play	5
" - stairway, carrying ...	2
Commodes ...	94
Enuresis alarms ...	92
Fracture boards ...	9
Hydraulic hoists...	3
Lifting Pole and Chain...	2
Mattresses...	33
" - Ripple.	1
" - Aeroprene ...	2
Pressure rings ...	34
Rubber sheets ...	117
Walking Aids (including walking sticks)....	108
Wheel chairs - folding...	22
" " - junior ...	6
" " - self-propelled (hand).	50
Marathon Dri sheets ...	1
Bed rest with arms.	2
Sleepskin medical pads...	10
Urinals - male ...	46
" - female...	7
Protective pants...	39
Cushion - Ripple...	1
Feeding cup..	1

#### Extra Nourishment

Number of patients in the Division receiving extra nourishment on 1st January 1969.	...	...	...	...	9
Number of patients granted extra nourishment during the year	-				
Number of grants discontinued..	...	...	...	...	4
Number of patients receiving extra nourishment on 31st December 1969.	...	...	...	...	5

I am still rather concerned by the high proportion of domiciliary cases treated by chiropodists within the area. The cost of a single domiciliary visit is nearly three times that of a clinic or surgery attendance and efforts will have to be made to reduce the domiciliary rate, without impairing the service. In addition to the cost of domiciliary treatment, there is already wasted professional time travelling from case to case.

Home Nursing statistics remain similar to last year's figures, but there has been quite a marked increase in the amount of work carried out by my staff in general practitioners' surgeries. With ever-increasing attachment of staff to family doctors, this part of the service is likely to expand even further.

I have included in the report a note on the working of the Home Help Service. Compared with last year, the number of cases has increased by about 7%, although the hours worked have only increased by about 2%. In addition to this note about the Home Help Service, I have given details of the types of equipment available to the public from the District Nursing Service. As is mentioned in this report, the supply of wheelchairs is our main difficulty and it is not generally appreciated that we only supply these on a temporary basis for three months, and those patients who require them permanently should obtain them via the Hospital Service. This, of course, means asking the family doctor to make a consultant appointment at hospital.

IMMUNISATION AND VACCINATION

### B.C.G. Vaccination

Contact Scheme - Once again, I am grateful to the Consultant Chest Physician for the following details of persons vaccinated at the Chest Clinic as contacts of known cases of tuberculosis.

	Age (Years)			Total
	0 - 4	5 - 15	16+	
<u>Pre-vaccination Skin Test</u>				
No. skin tested... ... ...	63	14	2	79
No. found positive ... ...	1	4	2	7
No. found negative ... ...	62	10	-	72
<u>No. Vaccinated</u> ... ... ...	62	10	-	72

### B.C.G. Vaccination of School Children

#### Acceptances

- (a) No. of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously... ... ... ... ... 1,290
- (b) No. of (a) found to have been vaccinated previously ... ... 34
- (c) No. of acceptances. ... ... ... ... ... ... ... 1,191

#### Pre-vaccination Tuberculin Test

- (a) No. of children 2(c) tested ... ... ... ... ... 1,135
- (b) Result of test:-

	<u>Heaf Test</u>	<u>Mantoux Test</u>
(i) Positive	96	-
(ii) Negative	826	-
(iii) Not ascertained	213	- Total 1,135

#### Vaccination

##### No. vaccinated:-

- (a) Following negative Heaf Test... ... ... ... ... 826
- (b) Following negative Mantoux test ... ... ... ... -

#### Tuberculin test twelve months after vaccination

- (a) No. vaccinated in 1968... ... ... ... ... 736

Vaccination of Persons under Age 16 - Completed primary doses.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	37	696	33	16	16	5	803
Diphtheria/Pertussis	-	-	-	-	-	-	-
Diphtheria/Tetanus	-	7	4	3	20	25	59
Diphtheria	-	-	-	-	-	-	-
Pertussis	-	-	-	-	-	-	-
Tetanus	-	1	1	1	9	34	46
Salk	-	-	-	-	-	-	-
Sabin	32	714	40	19	95	30	930
Measles	-	175	194	78	142	6	595
Lines 1+2+3+4+5 (Diphtheria)	37	703	37	19	36	30	862
Lines 1+2+3+6 (Whooping Cough)	37	696	33	16	16	5	803
Lines 1+2+4+7 (Tetanus)	37	704	38	20	45	64	908
Lines 1+8+9 (Polio.)	32	714	40	19	95	30	930

Reinforcing Doses - Number of persons under age 16

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1969	1968	1967	1966	1962- 1965		
Quadruple DTPP	-	-	-	-	-	-	-
Triple DTP	-	46	85	12	29	1	173
Diphtheria/Pertussis	-	-	-	-	-	-	-
Diphtheria/Tetanus	5	4	14	5	1294	51	1373
Diphtheria	-	-	--	-	3	1	4
Pertussis	-	-	-	-	-	-	-
Tetanus	-	-	9	4	44	113	170
Salk	-	-	-	-	-	-	-
Sabin	2	15	25	3	1500	77	1622
Measles	-	-	-	-	-	-	-
Lines 1+2+3+4+5 (Diphtheria)	5	50	99	17	1326	53	1550
Lines 1+2+3+6 (Whooping Cough)	-	46	85	12	29	1	173
Lines 1+2+4+7 (Tetanus)	5	50	108	21	1367	165	1716
Lines 1+8+9 (Polio.)	2	15	25	3	1500	77	1622

Smallpox Vaccination - Persons aged under 16

Age at date of Vaccination	Number of Persons Vaccinated (or Revaccinated during period)		Number of Cases Specially Reported During Period		
	Number Vaccinated	Number Revaccinated	(a) Generalised Vaccinia	(b) Post-Vaccinal Encephalomyelitis	(c) Death from Complications of vaccination other than (a) and (b)
0 - 3 months	-	-	-	-	-
3 - 6 months	-	-	-	-	-
6 - 9 months	2	-	-	-	-
9 - 12 months	6	-	-	-	-
1	321	1	-	-	-
2 - 4	180	9	-	-	-
5 - 15	40	21	-	-	-
TOTAL:	549	31	-	-	-

The number of primary courses given of diphtheria, whooping cough, tetanus and polio, would appear to have dropped this year, but this is due to the switch-over to computerised records, producing this time lag in the completion of courses. However, the number of reinforcing doses of diphtheria, tetanus and polio, shows a marked increase from last year - a healthy sign.

B.C.G. vaccination also continues at a satisfactory level, but I would like to see an even higher acceptance rate by parents than at present.

I am concerned by the low rate for smallpox vaccination in infants. The great defence in any community against infectious disease is a high level of herd immunity which, if the present rates continue, will not be maintained.

A further point is that with the ever-increasing rate of world travel and the likelihood that many of our children will become globe trotters, they should be protected against smallpox. If many children are not vaccinated in infancy when the constitutional disturbance is minimal, then primary vaccination will have to be undertaken during adolescent or adult life. This could be rather an upsetting affair.

M E N T A L   H E A L T H   S E R V I C E

The Service functioned satisfactorily during the year and close liaison, which must of necessity exist if the needs of the community are to be met, was maintained with the general practitioners and the hospitals. It is also pleasing to record the excellent degree of co-operation extended by the statutory and voluntary bodies associated with cases in which mutual interest lay and to note the positive steps these agencies took to provide the desired assistance for the persons concerned.

### Referrals

The number of new cases reported to my Mental Welfare Officers (excluding those referred for the specific purpose of securing admission to hospital) amounted to 137. Compared with the preceding year, this constituted a decrease of 24 and was accounted for by the fact that fewer referrals for care and after care services were received from the Out-Patient Clinics and Hospitals.

### Domiciliary Visits.

#### (a) Mental Welfare Officers.

Visits totalling 1,452 were paid to patients' homes during the course of the year. Whilst the end result, where intensive casework was required, was not always satisfactory, the help the Mental Welfare Officers were able to provide and the supportive measures they were responsible for introducing enabled many of the patients concerned to settle in their home surroundings and lead a more useful life in the community.

#### (b) Consultant Psychiatrists

At the request of the Mental Welfare Officers, 70 patients were seen in their home surroundings by Consultant Psychiatrists from Middlewood Hospital, Sheffield, and St. Catherine's Hospital, Doncaster. In all cases attendance at an Out-Patient Clinic was impracticable due to either (a) the patient's very disturbed condition, or (b) the delay which would have needed to elapse before an appointment could have been secured.

### Out-Patient Clinics and Case Conferences.

The Division is well served by Psychiatric Out-Patient Clinics, sessions being held on Monday to Friday (inclusive) of each week at the Moorgate and Doncaster Gate Hospitals, Rotherham. When they were specifically requested to do so by the Consultant concerned and when the exigencies of the service at other times permitted, the Mental Welfare Officers attended clinical sessions.

Regular Case Conferences were held with the Consultants of both Middlewood and St. Catherine's Hospitals, when problems attached to particular cases were discussed and appropriate action taken.

### Hostels.

Applications for hostel accommodation were received in respect of one junior and four adult severely subnormal persons. The junior was admitted to The Ghyll, Skipton, whilst one male adult and one female adult were admitted to hostel accommodation provided by the Rotherham and Sheffield Authorities respectively. The two remaining adults (one male and one female) were under consideration at the end of the year for eventual admission to a County Council hostel.

## Admissions to Hospital

The Mental Welfare Officers were responsible for securing in-patient treatment for 106 persons who were admitted to hospital under the following Sections of the Mental Health Act:-

Section	Mentally Ill		Subnormal and Sev./Subnormal		Total
	M.	F.	M.	F.	
5 (Informal)	14	19	7	24	64
25	14	10	-	-	24
26	-	1	-	-	1
29	6	11	-	-	17
	34	41	7	24	106

### Notes:

#### 1. Mentally Ill - Section 5

The figures include 2 elderly infirm males who were admitted as short-stay cases for the purpose of (a) stabilising their condition and, (b) relieving the family.

#### 2. Subnormal and Severely Subnormal - Section 5

One male and two female patients were admitted for prolonged care and treatment and will, no doubt, remain in hospital on a permanent basis; the remainder were accommodated as short-stay cases to relieve the family.

## Maltby Training Centre.

There was a fairly high intake of new trainees, 22 junior and adult persons being admitted to the Centre, but as 13 trainees were discharged during the year, the increase in numbers was counter-balanced to a very large extent. At 31st December, 1969 the total number of names on the Centre register amounted to 137 (an increase of 9).

The extension to the Special Care Unit was completed and handed over on 25th November but due to the short time available it was not possible to appoint an additional member of the staff and so permit the extension to become operational before the end of the year.

The inaugural meeting of the Parent/Teacher Association was held on 10th November, following which a Committee and Officers were elected. Regular meetings are now convened.

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The care of the mentally disordered has received a considerable amount of publicity during recent years and whilst there are still sections of the public who retain fixed ideas and preconceived out-dated notions which are difficult to eradicate and which constitute a handicap to the field officer in his work, people in general have a keener appreciation of the problems that exist and of the human factors involved. It is encouraging to note that there is, on the whole, a greater readiness to recognise that positive treatment can be obtained and that help and support can be provided to enable the more unfortunate members of society to remain at home and lead as normal a life as their disability will allow.

At the time of writing, I have only two Mental Welfare Officers on my staff, but it is hoped that a third officer will be appointed during the latter part of 1970. With the existing staff, it has been impossible to give as much time to the after-care of cases of acute mental illness and mental subnormality as one would have liked. I am sure that if we are successful in obtaining further staff, our services in this direction can be extended.

Mention has been made of the work of Maltby Training Centre. The setting up of a Parent Teacher Association can only lead to more satisfactory liaison between all concerned, children, parents and teachers alike. The new Special Care Unit is functioning well and we are hoping to develop new methods of training many of the very severely handicapped children who attend this part of the Centre.

For several years, there has been great difficulty in obtaining suitable staff at the Training Centre, but I feel now that things are much more settled and I look forward to a period of growth and stability in all its activities.

T H E      H E A L T H      O F      T H E

S C H O O L      C H I L D

Defects found by periodic and special medical inspections during the year:-

Defect or Disease		Periodic Inspections				Special Inspection
		Entrants	Leavers	Others	Total	
Skin ... ... ...	T	-	-	-	-	-
	O	18	2	2	22	5
Eyes - a. Vision ...	T	25	2	19	46	7
	O	127	12	18	157	17
b. Squint ...	T	9	-	1	10	-
	O	52	2	5	59	2
c. Other ...	T	2	-	-	2	-
	O	12	2	-	14	1
Ears - a. Hearing ...	T	5	-	-	5	1
	O	75	3	8	86	10
b. Otitis Media	T	1	-	-	1	-
	O	29	-	1	30	4
c. Other ...	T	3	-	-	3	-
	O	57	-	2	59	-
Nose and Throat	T	10	-	2	12	-
	O	145	2	11	158	18
Speech... ... ...	T	17	-	3	20	-
	O	48	-	3	51	6
Lymphatic Glands ...	T	5	-	-	5	-
	O	76	1	6	83	3
Heart ... ... ...	T	2	-	1	3	1
	O	46	2	-	48	16
Lungs ... ... ...	T	-	-	-	-	-
	O	47	1	4	52	8
Development - a. Hernia	T	1	-	-	1	-
	O	14	-	-	14	2
b. Other	T	3	-	-	3	-
	O	81	-	-3	84	5
Orthopaedic - a. Posture	T	-	-	-	-	-
	O	6	1	-	7	-
b. Feet	T	1	-	-	1	-
	O	9	1	2	12	-
c. Other	T	-	-	-	-	-
	O	23	3	-	26	3
Nervous System - a. Epilepsy	T	-	-	-	-	-
	O	9	1	-	10	1
b. Other	T	-	-	-	-	-
	O	22	1	2	25	1
Psychological - a. Development	T	1	-	-	1	-
	O	37	-	3	40	2
b. Stability	T	-	-	-	-	-
	O	4	-	1	5	1
Abdomen.. ... ...	T	-	-	-	-	-
	O	10	1	-	11	2
Other ... ... ...	T	-	-	2	2	-
	O	58	2	7	67	14
TOTALS... ... ...	T	85	2	28	115	9
	O	1,005	37	78	1,120	121

Periodic Medical Inspections

Age Groups inspect- ed (By year of Birth)	Number of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPCTD.		Number of Pupils found not to warrant a medical examination	Pupils found to require treatment (excl. dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		No.	No.	Total individual recorded pupils at Part 2
1965 and later	246	246	-	-	2	10	12
1964	662	662	-	-	11	18	27
1963	902	902	-	-	9	21	27
1962	188	188	-	-	5	5	9
1961	85	85	-	275	5	5	10
1960	38	38	-	-	5	2	7
1959	15	15	-	-	2	-	2
1958	9	9	-	-	3	-	3
1957	3	3	-	-	2	-	2
1956	-	-	-	-	-	-	-
1955	34	34	-	-	-	-	-
1954 and earlier	117	117	-	50	2	-	2
TOTAL	2,299	2,299	-	225	46	61	101

Cleanliness of School Children

A total of 14,103 children were examined by Health Visitors and School Nurses at cleanliness surveys in schools. 491 were found to be infested. Notices were issued in 16 cases.

Diseases of the Skin

During the year, 5 children were treated for impetigo and 1 for scabies.

Specialists' Clinics

Ophthalmic Clinic

Number of children seen... ... ... ... ... 1,420

Glasses were prescribed for 354 children.

### Paediatric Clinic

Number of sessions held during the year... . . . . .

34

Number of individual patients seen:-

<u>Pre-School Children</u>	<u>School Children</u>
--------------------------------	----------------------------

(a) New cases . . . . .	10	9
(b) Cases attending from previous years	106	105
Total number of attendances	143	140

### Speech Therapy Clinic

38 children were treated by the Speech Therapist.

Number of children seen for first time during year	33
Number of children attending for treatment from previous year	5
Number of children awaiting treatment at end of year	121
(a) Interviewed and placed on waiting list. . . . .	61
(b) Not seen. . . . .	70

Children discharged during the year:	<u>Boys</u>	<u>Girls</u>
Total... . . . . .	17	4

#### Analysis

Speech normal. . . . .	7	2
Unsuitable for treatment... . . . .	1	-
Non-co-operation . . . . .	7	2
Left District. . . . .	1	-
Other reasons (attending another clinic)	1	-

Number of visits made to schools . . . . . 23

#### Analysis of Children treated

Stammerers (Dysrhythmia)... . . . . .	1	-
Defects of Articulation due to:-		
(a) Cleft Palate... . . . . .	2	2
(b) Cerebral Palsy. . . . .	-	-
(c) Other structural malformations... . . . . .	2	-
(d) Other causes e.g. neurological... . . . . .	2	1
(e) No specific cause found . . . . .	15	4

#### Disorders of Language due to:-

(a) Retarded language development (non-specific). . . . .	4	2
(b) Retardation with associated subnormality . . . . .	2	-
(c) Retardation associated with deafness... . . . . .	-	-
(d) Dysphasia . . . . .	1	-
(e) Aphasia.. . . . .	-	-
(f) Other reasons... . . . . .	-	-

### Child Guidance Clinic

Number of new cases treated during the year. . . . .	88
Number of cases discharged or admitted for residential treatment . . . . .	112
Number of cases carried forward. . . . .	48

## Training Colleges - Medical Examination of Entrants.

111 entrants for Training Colleges were examined and reports submitted to the appropriate Colleges.

## Children and Young Persons' Act 1933. (Employment of Children)

The above Act requires children to be medically examined to decide their fitness for employment in entertainment or newspaper deliveries, etc. 41 children were examined under these regulations.

## Audiometry

1,271 children were tested by pure-tone audiometers during 1969. 50 were referred for investigation. 24 children are known to be using hearing aids.

## Dental Services

The following statistics in respect of 1969 have been supplied by Dr. H. Taylor, County Dental Officer:-

Number of children inspected...	...	...	...	...	...	...	10,767
Number of children found to require treatment	...	...	...	...	...	...	7,023
Number of children offered treatment.	...	...	...	...	...	...	5,977
Number of children treated	...	...	...	...	...	...	4,667
Number of attendances	...	...	...	...	...	...	12,719
Number of extractions - temporary	...	...	...	...	...	...	5,848
permanent	...	...	...	...	...	...	1,702
Number of general anaesthetics.	...	...	...	...	...	...	2,705
Number of fillings - temporary.	...	...	...	...	...	...	1,179
Permanent.	...	...	...	...	...	...	12,427

Since the death of Dr. C. C. Harvey, the number of paediatric clinic sessions has dropped considerably and in 1970, it is likely that this section of the school health service will be discontinued altogether. It has been impossible to replace Dr. Harvey on a permanent basis, due to the national shortage of paediatric specialists. In fact, the local hospitals have been without a permanent child health consultant for well over eighteen months now.

The figures for speech therapy have been considerably less this year but, of course, this is due to lack of staff. However, we have been fortunate enough to secure the services of Miss Bromley, who works six sessions per week within the Division and it may well be that further staff will be recruited during 1970.

Dr. K. Hopkirk left us during the year to take an appointment at Leicester. Dr. Shirley Hoyes replaced him within a few weeks. It was a particularly pleasing development to secure a first class successor to Dr. Hopkirk so rapidly, as I believe that before he came to the area in 1966, there had been a gap of at least two years without a consultant child psychiatrist.

A M B U L A N C E   S E R V I C E

AMBULANCE SERVICE - Statistical Return 1.1.69 to 31.12.69.

PATIENTS	January	February	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Total
Out-patients	2479	2042	2341	2393	2511	2459	2633	2348	2667	2830	2252	2351	29306
Admissions	265	240	274	248	291	261	242	235	224	299	252	259	3090
Discharges	167	174	196	186	203	182	188	174	147	157	165	184	2123
Transfers	16	22	14	10	30	16	17	14	9	20	17	23	208
Accident Patients	62	84	59	60	57	69	75	67	65	56	74	82	810
	2989	2562	2884	2897	3092	2987	3155	2838	3112	3362	2760	2899	35537
Emergency Patients	177	175	181	156	204	167	158	142	161	189	153	175	2038
Sitting Patients	2673	2238	2545	2587	2702	2674	2839	2487	2791	3007	2427	2518	31488
Stretcher Patients	316	324	339	310	390	313	316	351	321	355	333	381	4049
MILES:	22009	18900	20543	19721	21359	20589	22873	21157	21255	23207	20531	21774	253918

In comparison with last year's figures, it is pleasing to note that the number of hospital out-patients using the service have fallen from 31,600 to 29,300. One can only conclude that more use is being made of cars and other forms of public transport to attend hospital. This is a highly desirable state of affairs since many man hours are wasted in the ambulance service waiting to collect out-patients from various hospital departments.

R E P O R T   O F   T H E  
C H I E F   P U B L I C   H E A L T H   I N S P E C T O R

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1969

REPORT OF THE SENIOR PUBLIC HEALTH INSPECTOR

Complaints and Nuisances.

There was a 25% increase in the number of complaints received and investigated during the year. As usual, they covered a wide range of subjects - the extent of which can be seen from the following table. Although the average weekly incidence may appear comparatively low, the actual number of hours devoted to investigation and follow-up action usually constitute a high proportion of one's working week: often seemingly minor and straightforward complaints lead to issues of much wider and far reaching nature (e.g. unsound food, rodent infestations etc).

(a) Repairs etc.	General housing defects	192
(b) Drainage	Blocked or defective drains and sewers	27
	Flooding	7
	Stagnant water	1
(c) Water Supply	Leaking mains etc.	5
	"Suspect" supply	2
(d) Infestations	Rats and mice	102
	Insects	43
(e) Refuse etc.	Re. refuse collection and disposal	69
	dumping of rubbish	18
	Abandoned cars	6
	Burning of rubbish	1
(f) Housing conditions	Dirty houses and/or precincts	8
	Overcrowding	1
(g) Food, milk etc.	Objects in food	2
	mould-affected food	3
	Unsound food (voluntary surrender)	6
	Food hygiene	1
(h) Miscellaneous	Offensive odours	10
	Keeping of animals	2
	Disputed right of access	1
		<u>507</u>

Arising from some of the above complaints or routine inspections, action was taken as under in relation to "nuisances" (i.e. excluding housing defects, drains etc.)

Informal notices outstanding from 1968	-
" " served in 1969	18
" " complied with in 1969	17
" " outstanding at 31.12.69.	1

Drainage and Sewerage

Dwelling houses provided with water-closets	4,390
" " connected to public sewers	4,301
" " with satisfactory private drainage	92
" " provided with pail-closets	3

The three remaining "unconverted" properties (of which one is owner-occupied) are in isolated positions in the unsewered rural part of the area. Negotiations are proceeding regarding improvement grant schemes for the tenanted properties.

Only on 12 occasions was it necessary to serve forty-eight hours' notice (Sec. 17 of the Public Health Act, 1961) to secure clearance of blocked drains; but in no case did the need arise for work to be done "in default".

#### Water Supplies

Dwelling houses on public supply	4,391
Dwelling houses on private supply	2

Although a new storage tank was provided at Lilly Hall Farm, the owner had not been able by the end of the year to have the cover seam-welded, despite requests to a local firm to do so. Nevertheless, laboratory <sup>test</sup> samples showed an improvement in the supply; but even so the occupants have been advised to continue boiling all water as a precautionary measure. Meanwhile, the farmer is intensifying his efforts to get the tank fully sealed.

Samples taken during the year were as follows:-

	Chemical		Plumbo-Solvency		Bacteriological	
	Satis.	Unsatis.	Satis.	Unsatis.	Satis.	Unsatis.
Public Supply	2	-	2	-	25	-
Private Supply	2	-	-	-	1	2
TOTALS	4	-	2	-	6	2

As an indication of the chemical characteristics of the mains and private supplies, the following table gives the Public Analyst's reports on the samples taken:-

PUBLIC ANALYST'S REPORTS ON WATER SAMPLES

	<u>Parts per million</u>			
	<u>Public</u>		<u>Private</u>	
	(a)	(b)	(a)	(b)
Total solids dried at 180°C	276.0	224.0	608.0	552.0
Chlorides in terms of Chlorine	22.0	23.0	47.0	47.0
Equivalent to Sodium Chloride	36.3	37.9	77.5	77.5
Nitrites	none	none	none	none
Nitrates as Nitrogen	2.98	4.45	2.43	4.92
Poisonous metals (Lead)			less than 0.04	
Total Hardness	182.0	176.0	494.0	502.0
Temporary Hardness	146.5	100.4	399.3	391.6
Permanent Hardness	35.5	75.6	94.7	110.4
Oxygen absorbed in 4hrs at 80°F	0.08	0.20	0.12	0.08
Ammoniacal Nitrogen	0.016	0.048	0.072	0.080
Albuminoid Nitrogen	0.024	0.040	0.032	0.104
Free Chlorine	none	none	none	none
p H value	8.0	7.7	7.8	7.5

Swimming Pool

All three samples taken from both the inlet and outlet of the pool during the open season showed satisfactory results after bacteriological and free chlorine examination, and on each occasion the pool was very well "populated".

## Housing Statistics

### (a) Closing, Demolition and Clearance Orders

No houses were included in representations and/or orders; but two were demolished privately to facilitate extensions to the British Legion Club, the committee of which had provided alternative accommodation for the family resident in one of the houses.

### (b) Houses in which defects were remedied

By owners after informal action	118
" " " formal notice under Public Health Act	15
" " " " " Housing Act	-
" L.A. " " " " " P.H.A. and H.A.	-

On the whole, local landlords and estate agents exhibited a marked degree of promptness in dealing with matters which were brought to their notice by informal means; such fact being evidenced by the comparatively small number of statutory notices served. In fact, it is true to say that in many cases delay is caused through the inability of contractors to fulfil orders promptly, despite joint pressure from both agents and the Department.

### (c) Provision of new houses

Completed by local authority	66
" " private builders	11

### (d) Advances made for acquiring or constructing houses

For acquisition (11 properties)	£6,390
For construction (1 property)	£ 400

### (e) Grants for improvement of housing accommodation

	<u>Owner-occupied Houses</u>	<u>Tenanted Houses</u>
<u>Standard Grants</u>		
Applications received and approved	17 (101)	3 (324)
Houses improved - 1969 applications	3	1
"      " pre 1969 applications	2 (75 )	7 (251)
Total amount paid in grants	£237 $\frac{1}{4}$ (£3732)	£507 (£10,901)

#### **Amenities provided:-**

Hot water to bath	1	(16)	1	(52)
" " " wash-basin	1	(15)	1	(119)
" " " sink	1	(14)	1	(51)
Fixed Bath	1	( 9)	1	(25)
Wash-basin	1	(15)	1	(118)
Internal water-closet	5	(71)	7	(169)
Ventilated food store	-	( 8)	2	(7)

## Discretionary Grants

Applications received and approved	-	( 4)	11	(39)
Houses improved - 1969 applications	-	( 4)	-	(16)
" " pre1969 applications	3		1	
Total amount paid in grants	£317½	(£449½)	£213	(1847¾)

### **Amenities provided:-**

Hot water to bath	2	( 2)	1	(13)
" " " wash-basin	2	( 2)	1	(13)
" " " sink	-	-	1	( 5)
Fixed Bath	2	(2)	1	(12)
Wash-basin	2	( 2)	1	(12)
Internal water closet	3	( 3)	1	(16)
Ventilated food store	-	-	1	( 1)

Note:- (i) The figures in brackets are progressive totals as at 31st December, 1969, and apply to properties dealt with after inception of the 1964 Act.

(ii) Work had in fact been completed at several other properties; but for record purposes the figures given for "houses improved" only include properties where the grant has actually been paid after approval of the work done.

Unfortunately there was a decline in the receipt of applications during the year, but this I feel was largely due to the early announcement of intended improvements in available grants under the 1969 Act. Not unnaturally, owners withheld action until the actual provisions became known; but it is anticipated that 1970 will see a resumption of the former steady in-flow of applications

## Milk Supply

Samples taken under Food & Drugs Act 8

No. of above found to be adulterated

Samples taken for bacteriological examination:-

(a) **Pasturised** 16\*  
(b) **Sterilised** 8\*

\*all found satisfactory

### Ice Cream

Premises registered for manufacture	-
" " " storage and sale	34
" " " storage only	-

### Samples taken for bacteriological examination:-

Provisional Grade 1	31
" " 2	4
" " 3	4
" " 4	1

Once again, it was not found necessary to take any statutory action against ice cream vendors: and only on three occasions were warning letters sent about minor infringements of the regulations.

### Unsound Food

A successful prosecution was taken against a bakery company for the sale at their local branch shop of a mouldy pork pie; the Magistrates' Court imposing a fine of £5, plus £7.7s.Od costs.

Enquiries were also conducted in relation to three other cases of unsound food which had been purchased outside the area, and the relevant data passed to the authorities concerned for their considered action.

Surrenders of unsound food	9
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### SCHEDULE OF FOOD SURRENDERED

	T.	C.	Q.	lbs.	ozs.
(a) <u>Fruit</u>					
Grapefruit	3	16	0	20	0
Oranges		16	0	0	0
Plums		13	2	14	0
	5	5	3	6	0
(b) <u>Canned or bottled food</u>					
322 tins of Fruit	5	1	7	1	$\frac{1}{4}$
226 tins of Puddings, Fillings etc.	2	1	3	5	$\frac{1}{2}$
81 tins of vegetables		1	26	11	$\frac{3}{4}$
78 tins of Milk, Cream etc.		1.	5	13	
14 tins of Meat			25	11	$\frac{1}{2}$
8 tins of Fish			1	12	
214 jars of Pickled products		1	21	12	
	9	0	8	3	

(c) Frozen Products

	T.	C.	Q.	lbs.	ozs.
313 pkts of Fish and Fish products	1	1	14	2	$\frac{3}{4}$
238 pkts of vegetables	1	0	3	14	
199 pkts of meat products		2	20	5	
149 pkts of Ice cream products		3	4	15	$\frac{1}{2}$
62 pkts of Poultry	1	1	23	9	
47 pkts of Confectionary			18	5	
	5	2	1	3	$\frac{1}{4}$
Total weight	6	0	15	6	$\frac{1}{4}$

Note:- The frozen and canned foods were disposed of at the Council's refuse tip; but the fruit was removed from the warehouse concerned by the container service which is on daily contract thereat for disposal of all waste.

The seemingly high quantity of frozen food surrendered resulted from de-frosting due to refrigerator failure on two occasions at a local supermarket. Acceptance of such food for surrender has for some time been a controversial issue, since in many cases the food itself was not actually unfit but merely diminished in quality and that, if there was a guarantee that it would be eaten on the day of purchase and not re-frozen, the risk to health would be virtually negligible. However, as there is no likelihood that such guarantees can be assured, and until research has yielded more specific information about the keeping quality of frozen foodstuffs, I prefer to work on the premise that no risk to health, however small, can be ignored.

Slaughter of Animals

Despite the absence of licensed slaughterhouses in the district, renewal licences were granted to 11 local slaughtermen, most of who have held licences for many years.

Food Premises and Food Hygiene

Bakehouses in use	1
Premises registered for:-	
(a) preparation, etc. of fried fish and chips	8
(b) " " " preserved meats	10
Industrial Canteens	5
School canteens	6
Cafes and snack-bars	2
Shops retailing food	75
Clubs and licensed premises	11
Food hawkers registered in 1969	3
" " on register at 31.12.69.	77 *
Food storage premises registered	9
Food storage premises in regular use	3

\* It is estimated that only about one-third of this number are currently engaged in regular trading.

Although several warning letters were sent to mobile and permanent traders for various minor infringements of the Regulations, it was only deemed necessary to take one prosecution. This was against a shop assistant who was found smoking in the butchery department of a local supermarket, and a fine of £3 plus £5. 5.0d costs was imposed by the Magistrates' Court.

#### Rodent Control

Properties inspected:-	<u>Complaint</u>	<u>Survey</u>
(a) Domestic, industrial etc.	121	72
(b) Agricultural	-	8

#### Details of treatments undertaken and properties involved:-

	<u>Rats</u>		<u>Mice</u>	
	<u>Properties</u>	<u>Treatments</u>	<u>Properties</u>	<u>Treatments</u>
(a) Following complaint				
Domestic etc.	107	92	13	12
Agricultural	-	-	-	-
(b) After survey				
Domestic, etc.	14	13	2	2
Agricultural	1	1	-	-
	<u>122</u>	<u>106</u>	<u>15</u>	<u>14</u>

There were four instances during the year when rats were found to be gaining access to houses via broken drains, and gaps in the footings. These infestations involved the owners (The National Coal Board) in considerable work of excavation, repair of drains, restoration of disturbed floors and other proofing measures; and the excellent co-operation of their local maintenance staff was much appreciated.

#### Atmospheric Pollution

As in previous years, work in this field has only consisted of routine visits to various local business premises to check on heating installations.

#### Public Cleansing

##### (a) Provision of dustbins

Informal notices served re renewal	117
Statutory notices served re renewal	8
Dustbins issued to U.D.C. properties	127
Dustbins issued to private properties (on request)	11

Following successful prolonged trial of a sample, it was agreed to change over to plastic bins, and issue was commenced in April. Each tenant supplied with a plastic bin receives a briefly worded letter pointing out the advantages

accruing from the change and stressing the damage from hot ashes. By the end of the year about 90 had been issued and no case of misuse had been recorded; in fact, the change over appears, from observations received, to have been very well received.

(b) Refuse Collection

Fortunately, the labour turn-over was not quite so high as in previous years and this meant less crew disruption. The service is essentially based on team-work, and the effect of crew changes or the presence of one indifferent member in a crew can have a disturbing effect on overall efficiency, e.g. "missed" dustbins, empty bins wrongly returned, etc. Not unnaturally, this inevitably leads to the receipt of complaints which need never have arisen. Nevertheless, these only average just over one per week, and I feel that this is a fair indication that the weekly service is appreciated by the community. Of course, there were the customary short disruptions caused through Bank Holidays, adverse winter weather conditions etc., but these were kept as minimal as possible through the co-operation of the Surveyor in providing extra labour and transport.

Concern at the indiscriminate tipping of rubbish on open spaces has been the subject of many previous reports, and I make no excuse for referring to this despicable practice yet again. I do so because, despite the Council's free collection service, there are still those in our community who despoil the township by dumping their unwanted household effects on the nearest available open space. Can I, therefore, make yet another appeal for residents to take advantage of the service available and rid the township of unsightly deposits. Pick-ups (including pianos, settees, washers, etc) at present average three per week, but this could be increased without any disruption to the existing schedules.

(c) Disposal of Abandoned Vehicles.

Thirteen abandoned vehicles were dealt with during the year. All but one were ultimately removed from the various sites and suitably disposed of by the respective owners, following the customary enquiries. The ownership of the other vehicle/s could not be established, and it was finally moved in a wrecked condition to the Council depot.

Scrap Metal Dealers

Only two dealers are licenced locally - there being no additional registrations during the year.

Pet Animals Act

Only one renewal licence was applied for and granted.

Hairdressers

Five registrations were granted during the year; but all were in connection with change of ownership of established businesses. Effective establishments at the end of the year were:-

Male hairdressing	6
Female hairdressing	15

18th March 1970.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

The Offices, Shops and Railway Premises Annual Reports Order, 1964

REPORT FOR THE YEAR 1969

(A) REGISTRATIONS

Class of Premises	Premises registered at 1.1.69.	Premises removed from Register in 1969	Premises registered in 1969	Premises registered at 31.12.69.
Offices	16	1	3	18
Retail Shops	95	16	9	88
Wholesale shops and warehouses	2	-	-	2
Catering establishments and canteens	7	1	-	6
Fuel storage depots	1	-	1	-
TOTALS:	120	18	12	114

The 18 registrations cancelled were in connection with premises where there was:-

(i) Change in ownership	5	(new owners re-registered)
(ii) Change in ownership	6	(no persons now employed)
(iii) Closure of business	7	

The 12 new registrations arose from:-

(i) Establishment of new business	7	
(ii) Change of ownership	5	(See (i) above)
(iii) Transfer of business	1	

**(B) PERSONS EMPLOYED IN REGISTERED PREMISES**

Class of Premises	No.
Offices	74
Retail Shops	258
Wholesale shops and warehouses	64
Catering establishments and canteens	38
Fuel storage depots	-
TOTAL EMPLOYED:	434

Total Males	144
Total Females	290

**(C) INSPECTIONS OF REGISTERED PREMISES**

Class of Premises	General	Other
Offices	2	6
Retail Shops	10	79
Wholesale shops and warehouses	-	6
Catering establishments and canteens	-	22
Fuel storage depots	-	-
TOTAL INSPECTIONS:	12	113

(D) Premises failing to comply with provisions.

Generally speaking, the inspections carried out yielded few shortcomings of note. This is due mainly to two factors. Firstly all local premises were given detailed inspections at the inception and all were duly brought up to standard. Subsequent re-inspections have been carried out when other duties permitted and it has been found in the main that there has been little or no deviation from the standards achieved and the facilities afforded. Secondly, wherever practicable, the occupants of newly-registered premises are interviewed on the premises prior to, or immediately following, the commencement of business. The requirements of the Act are then fully explained, and any suggested works can be carried out at little inconvenience to the occupant. Such an arrangement also gives one the opportunity to establish a sound understanding and relationship with local business and commercial concerns, and undoubtedly aids the Department in the implementation of the Act and its associated Regulations.

(E) EXEMPTIONS

No applications for exemption have been received in relation to space (section 5), temperature (section 6), sanitary conveniences (section 9), or washing facilities (section 10).

(F) PROSECUTIONS

Furtunately, it was not found necessary during the year to institute any proceedings.

(G) ACCIDENTS.

Only two accidents were reported in 1969, but in neither case was there any blame attached to the employer. One female shop assistant did not exercise due diligence when cleaning the blade of a gravity feed slicer and sustained a lacerated finger. Then, a young male warehouse assistant had two fingers trapped between the guard rail and pillar of a stacking truck whily empty pallets were being lowered from lorry loading height to ground level; a practice which was normally forbidden in the warehouse.

(H) INSPECTORS.

No. of Inspectors appointed under the Act      2 \*

\* includes 1 pupil Inspector.

No. of other staff employed for most of their time on work in connection with the Act. Nil

M. HEPPLES.

Senior Public Health Inspector

FACTORIES ACT 1961

This table is enclosed by a request of the Secretary of State for Employment and Productivity to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153(1) of the Factories Act 1961, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH  
IN RESPECT OF THE YEAR 1969 FOR THE URBAN  
DISTRICT OF MALTBY IN THE COUNTY OF YORKSHIRE.

Prescribed Particulars on the Administration of  
the Factories Act 1961.

PART I OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	62	-	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority ≠ (excluding out-workers' premises)	15	22	-	-
TOTAL	44	85	-	-

2 - Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars	Number of cases in which defects were found					Number of cases in which prosecutions were instituted	
	Found	Remedied	Referred				
			To H.M. Inspector	By H.M. Inspector			
(1)	(2)	(3)	(4)	(5)	(6)		
Want of cleanliness (S.1)	-	-	-	-	-		
Overcrowding (S.2)	-	-	-	-	-		
Unreasonable temperature (S.3)	-	-	-	-	-		
Inadequate ventilation (S.4)	-	-	-	-	-		

- # To prevent any differences between the lists kept respectively by the Local Authorities and H. M. Inspectors of Factories of the numbers of factories in which sections 1, 2, 3, 4 and 6 of the Factories Act 1961 are enforced by Local Authorities, it is requested that Local Authorities should compare their lists of factories with the lists kept by H. M. Inspectors of Factories.
- # i.e. Electrical Stations (Section 123(1)), Institutions (Section 124) sites of Building Operations and Works of Engineering Construction (Section 127), Slaughterhouses, (Section 175 (1)(d) and (e)) and Railway Running Sheds (Section 175 (2) and (10)).

Particulars	Number of cases in which defects were found					Number of cases in which prosecutions were instituted	
	Found	Remedied	Referred				
			To H.M. Inspector	By H.M. Inspector			
(1)	(2)	(3)	(4)	(5)	(6)		
Ineffective drainage of floors (S.6)	-	-	-	-	-		
Sanitary Conveniences (S.7)							
(a) Insufficient	-	-	-	-	-		
(b) Unsuitable/Defective	7	7	-	-	-		
(c) Not separate for sexes	-	-	-	-	-		
Other offences against the Act (not inc. offences relating to Outwork)	-	-	-	-	-		
TOTAL	7	7	-	-	-		

MIDWIVES, HOME NURSES AND HEALTH VISITORS.

Divisional Nursing Officer

Telephone Number

Mrs. A. Brooks  
Green Cottage, Church Lane, Dore, Sheffield

Sheffield 360665

Midwives

Mrs. S. J. G. Loftus  
14 Beech Road, Maltby

Maltby 2715

Mrs. E. Mozley  
"Bewdley", Toad Lane  
Brampton-en-le-Morthen, Thurcroft.

Wickersley 4395

Home Nurses

Mrs. J. M. Dibnah  
91 Pear Tree Avenue, Bramley

Wickersley 4401

Mrs. C. M. Duckmanton  
15 Lilly Hall Road,  
Maltby

Maltby 2765

Mrs. M. E. Hopkins  
18 Highfield Grove, Carlton-in-Lindrick

North Carlton 633

Health Visitors

Miss G. Flinton  
82 Toll Bar Road, Swinton

Mexborough 2636

Mrs. P. A. Marley,  
18 Galway Close, Rawmarsh

Rawmarsh 2664

Assistant Health Visitor

Mrs. K. Hale,  
20 Parkstone Crescent, Hellaby

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Divisional Health Office.

"Edenthorpe"  
Grove Road  
Rotherham

Rotherham 3131-2-3  
or 78056

CLINICS HELD AT THE NURSERY HUT, WALTERS ROAD, MALTBY

<u>CLINIC</u>	<u>Day and time</u>	<u>Doctor Attending</u>
Infant Welfare	Monday a.m. (H.V.)	Dr. M. J. Hallinan Dr. M. J. Hallinan
	Monday p.m.	
	Thursday p.m.	
Ante-natal	Wednesday p.m.	Dr. M. J. Hallinan
Relaxation Class	Wednesday p.m.	
Child Guidance	Tuesday, all day	Dr. S. Hoyes Consultant Psychiatrist Mr. P. W. Atkinson, Psychologist (From 1.10.70.)
Cervical Cytology	Alt. Wednesday a.m. (by appointment)	Dr. M. J. Hallinan

Staff attached to General Practitioners

<u>Practice</u>	<u>Health Visitor</u>	<u>Home Nurse</u>	<u>Midwife</u>
Dr. M. J. Hallinan )	Miss G. Flinton	Mrs. J. Dibnah Mrs. M. Hopkins.	Mrs. E. Mozley
Dr. P. R. Woodcock )			
Dr. J. P. E. Balbirnie	-do-	-do-	-do-
Dr. J. C. Gregg	-do-	-do-	-do-
Dr. F. Gabbani	Mrs. P. Marley	Mrs. C. Duckmanton Mrs. J. Dibnah	Mrs. S. Loftus
Dr. B. Kapur	Mrs. P. Marley	Mrs. C. Duckmanton	Mrs. S. Loftus



